



Worcestershire County Council

EDUCATION COMMITTEE

# ANNUAL REPORT

(Forty Third)

on the

# SCHOOL HEALTH SERVICE

for the Year 1951

by

J. W. PICKUP, M.D., M.B., Ch.B., D.P.H.,

County and School Medical Officer.

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Annual Report (Forty-Third) on the

School Health Service

for the year ended December 31st, 1951

Mr. Chairman, Ladies and Gentlemen,

This report covers the last year during which Dr. Wyndham Parker was responsible for the School Health Service in Worcestershire.

Dr. Wyndham Parker was a medical administrator of outstanding ability and experience. He pursued a policy of wise and efficient administration which provided for the full development of the Service during a period of 30 years and we are grateful to him for his genius in establishing a close and personal relationship between all officers and members interested in the School Health Service.

His retirement marks the end of an era in the School Health Service in Worcestershire and it is my earnest wish that his work should be continued in the same manner and be based on the principles which he has enunciated and practised.

There have not been any marked changes in the School Health Service during the past year. Unfortunately the School Dental Service continues to be a source of anxiety and frustration. It may be that the recent changes in the charges to be made for dental treatment of adults may result in an increased number of general dental practitioners moving to the School Health Service where there is a pressing need for qualified staff, though the shortage of dental surgeons throughout the country is likely to persist for many years to come.

Unfortunately it is not possible to give full statistics relating to the treatment of school children in hospitals and it would appear that it will be sometime before this difficulty, first encountered on the introduction of the National Health Service Act, 1946, will be overcome.

It must be acknowledged that much of the treatment services carried out by the Local Education Authority has now passed from their care, though the L.E.A. is still statutorily responsible to ensure that school children receive adequate medical treatment. In the main the School Health Service is becoming an inspection and preventive Service and it is by an intensification of our efforts, particularly in the field of health education of children and their parents, that the School Health Service will retain its essential place in the national scheme for health. The well being and maintenance of the health of the nation's most precious asset—our school children—must never be allowed to take second place in any planned health scheme.

I should like to express my sincere appreciation and grateful thanks to the professional and clerical staff of the department and to the Director of Education and his staff who are always willing and eager to be of assistance.

I am indebted to the Chairman and members of the Committee for their continued advice and support.

Your obedient Servant,

J. W. PICKUP

County School Medical Officer.

County Buildings,

Worcester.

April, 1952.

## STAFF

*County Medical Officer of Health and School Medical Officer*

Wyndham Parker, C.B.E., M.C., M.B., Ch.B., D.P.H.

*Deputy County Medical Officer of Health and School Medical Officer*

J. W. Pickup, M.D., M.B., Ch.B., D.P.H.

*Senior Administrative Medical Officer, Maternity and Child Welfare Service*

Beatrice M. Thompson, M.D., L.R.C.P., M.R.C.S., M.B., B.S.  
D.P.H.

*Divisional Area Medical Officers**Kidderminster*

C. Starkie, B.Sc., M.D., M.B., Ch.B., D.P.H., M.R.C.S.,  
L.R.C.P.

*Oldbury*

E. V. Connolly, M.B., B.Ch., D.P.H., B.A.O., L.M.,  
D.C.H.

*Chief Tuberculosis Officer*

R. B. Mayfield, B.A., M.D., M.B., B.Ch., M.R.C.S.,  
L.R.C.P., D.P.H.

*Assistant Tuberculosis Officers*

R. C. Cronin, M.B., Ch.B., M.R.C.S., L.R.C.P.

J. N. Macartney, M.B.E., M.D., M.B., B.Ch., B.A.O.

*Assistant County and School Medical Officers*

Eileen Bulmer, M.B., Ch.B.

Margaret C. Fell, M.B., Ch.B., D.P.H., D.C.H.

H. F. Green, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.,  
D.P.H.

R. W. Markham, B.A., M.B., B.Ch., D.P.H.

Margaret M. Meikle, M.B., Ch.B., D.P.H.

F. S. Melville, M.B., Ch.B., D.P.H.

J. J. Murray, M.B., B.Ch., B.A.O., D.P.H.

A. M. Nelson, M.B., Ch.B., D.P.H.

Eleanor Patterson, M.B., B.S., D.P.H.

Vera Pugh, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P.

E. T. Shennan, M.B., Ch.B., D.P.H.

Margaret O. Will, M.B., Ch.B., M.M.S.A., D.P.H.

Carmel Dencer, M.B., B.Ch., B.A.O., (part-time).

Nancy M. Cosslett, M.B., Ch.B., D.P.H., (part-time).

*Oculists (Part-time)*

I. Lloyd Johnstone, M.C., M.D., D.O., (Oxon).

C. Martin Doyle, M.R.C.S., L.R.C.P., D.O. (Oxon).

C. G. Sinclair, M.B., B.S., F.R.C.S. (Eng.).

G. F. G. Siggins, M.R.C.S., L.R.C.P., D.O.M.S.



*Medical Director—Worcestershire Child Guidance Clinics*

J. J. Graham, M.B., Ch.B., D.P.M.

*Psychiatric Social Worker*

I. Malcomson, B.A.(Econ.).

*Consultant Psychiatrist (Part-time)*

May Pearce, M.B., Ch.B., D.P.M.

*Chief Dental Officer*

B. D. Britten, L.D.S.

*Deputy Chief Dental Officer*

F. H. Pugh, L.D.S.

*Assistant Dental Officers*

E. V. Stone-Wigg, L.D.S.

B. N. Watkins, L.D.S.

D. M. Badham, L.D.S. (part-time)

H. Nordan, L.D.S. (part-time)

A. M. Facer, L.D.S. (part-time)

*Oral Hygienist*

Sylvia M. Jeyes

*Chief Clerk*

G. P. Cooper

*Superintendent Health Visitor*

Miss E. Robinson, S.R.N., S.C.M., H.V.Cert.

*Deputy Superintendent Health Visitor*

Miss R. Kean, S.R.N., S.C.M., H.V.

*Senior Health Visitor*

Miss J. C. Butler, S.R.N., S.C.M., H.V.Cert.

*Superintendent, District Nurses and District Nurse Midwives*

Miss V. Meadway Russell, S.R.N., S.C.M., Q.S.

*Deputy Superintendent, District Nurses and District Nurse Midwives*

Miss E. Morain, R.R.N., S.C.M., Q.N.

*Health Visitors and School Nurses*

Miss E. Abbott, S.R.N., S.C.M., H.V.Cert.

Miss E. R. Baird, S.R.N.

Mrs. H. L. Bryan, S.R.N., S.C.M., H.V.Cert.

Miss E. M. Clarke, R.S.C.N., S.C.M.

Miss L. M. Cartwright, S.R.N., C.M.B., H.V.

Miss L. M. Coward, S.R.N., S.C.M., H.V.Cert.

Miss G. M. Dawson, S.R.N., S.C.M.

Miss R. M. de Ropp, S.R.N., S.C.M., H.V.

Miss D. M. Edwards, S.R.N., S.C.M., H.V.Cert.



Mrs. L. K. Flood, S.R.N., S.C.M.  
 Miss J. Francis, S.R.N., S.C.M., H.V.  
 Miss E. M. L. Freestone, S.R.N., S.C.M., H.V.Cert.  
 Miss M. Hill, S.R.N., S.C.M., H.V.Cert.  
 Miss M. Hopkins, S.R.N., S.C.M., H.V.Cert.  
 Miss B. J. Hudson, S.R.N., S.C.M., H.V.Cert.  
 Miss J. Hudson, S.R.N., S.C.M., H.V.Cert.  
 Mrs. E. Jones, S.R.N., S.C.M., H.V.Cert.  
 Miss B. M. Lamb, S.R.N., S.C.M., H.V.Cert.  
 Miss A. Lawson, S.R.N., S.C.M., H.V.Cert.  
 Miss M. Lowndes, S.R.N., S.C.M., H.V.Cert.  
 Miss M. M. McCarthy, S.R.N., S.C.M., H.V.Cert.  
 Mrs. M. McLeod, S.R.N., S.C.M., H.V.Cert.  
 Miss E. Nock, S.R.N., S.C.M., H.V.Cert.  
 Miss M. J. O'Grady, S.R.N., S.C.M., H.V.Cert.  
 Mrs. G. M. Porter, S.R.N., S.C.M., H.V.Cert.  
 Miss M. I. Robson, S.R.N., S.C.M., H.V.Cert.  
 Miss M. I. Salt, S.R.N., S.C.M., H.V.Cert.  
 Miss M. Sheppard, S.R.N., S.C.M., H.V.Cert.  
 Miss H. Stansfield, S.R.N., S.C.M., H.V.Cert.  
 Miss M. J. Thomas, S.R.N., S.R.F.N., S.C.M., H.V.Cert.  
 Mrs. W. C. Wall, S.R.N., S.C.M., H.V.Cert.  
 Miss E. M. Webster, S.R.N., S.C.M., H.V.Cert.

#### *Dental Attendants*

Miss A. Clissold.  
 Miss V. A. Evans.  
 Miss L. M. Fox.  
 Mrs. G. Shepherd.  
 Miss A. Smith.  
 Mrs. L. Batty (part-time).

#### *Orthopædic After Care Staff*

Miss O. M. Woods.  
 Mrs. K. J. Johnson.

#### *Speech Therapists*

Miss D. M. Edwards.  
 Miss J. M. Allen.

#### *Summary of Staff*

	Number	Aggregate staff in terms of the equivalent number of whole-time officers
--	--------	--

#### (a) Medical Officers:

(i) whole-time School Health Service		
(ii) whole-time School Health and Local Health Services	16	6.63
(iii) general practitioners working part-time in the School Health Service ... ..	1	.36

			Number	Aggregate staff in terms of the equivalent number of whole-time officers
(b)	Dental Officers	...	7	4.64
(c)	Physiotherapists, S p e e c h Therapists, etc.:			
	Remedial Gymnasts	...	2	1
	Speech Therapists	...	2	2
	Dental Hygienist	...	1	1
(d)	(i) School Nurses	...	37	10
	(ii) District Nurses	...	27	3
(e)	Nursing Assistants	...	2	2
(f)	Dental Attendants	...	6	4.27

During the year there was an increase in staff of one medical officer, one dental officer, and one dental hygienist. A proportion of time of each of these officers is devoted to the school health service.

#### STATISTICS 1951

Area of Administrative County (acres)	...	...	438,221
Population Mid-1950 (Registrar-General's Estimate)	...	...	401,810
Value of Id. rate	...	...	£7,982
School Population	...	...	55,280

#### *County of Worcester*

	Schools	Boys	Girls
Nursery	1	20	20
Primary	258	17,953	16,851
Secondary Modern	20	3,556	3,495
Secondary Grammar	10	2,407	2,190
Secondary Technical	4	373	174
	<hr/> 293 <hr/>	<hr/> 24,309 <hr/>	<hr/> 22,730 <hr/>

#### *Borough of Oldbury*

	Schools	Boys	Girls
Nursery	—	—	—
Primary	18	2,821	2,698
Secondary Modern	5	1,043	993
Secondary Grammar	1	257	290
Secondary Technical	1	84	55
	<hr/> 25 <hr/>	<hr/> 4,205 <hr/>	<hr/> 4,036 <hr/>

## SCHOOL CLINICS

(a) Number of School Clinics provided for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools 16

(b) Type of examination and/or treatment provided at the School Clinics:—

Examination and/or treatment	Number of School Clinics (i.e. premises) where such treatment is provided:—	
	directly by the Authority	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals
(1)	(2)	(3)
A. Minor ailment and other non-specialist examination or treatment ...	16	—
B. Dental ... ..	13	—
C. Ophthalmic ... ..	14	—
D. Ear, Nose and Throat ...	—	—
E. Orthopædic ... ..	—	2
F. Pædiatric ... ..	—	—
G. Speech Therapy ...	6	—
H. Others—		
Ultra Violet Light ...	3	—
Investigation ...	1	—

As an increasing amount of the responsibility for investigation and treatment is now being assumed by family doctors and hospital authorities, less of this type of work remains to be dealt with by the School Health Service.

During the year, the ear, nose and throat clinic and the orthopædic clinic at Oldbury were discontinued. Whilst regret is felt at the severance of old associations the true function of the School Health Service is essentially a preventive one.

The responsibilities for investigation and treatment borne by the School Health Service over the last thirty years were assumed because no other facilities existed in sufficient number or availability at that time.

The changes do not mean less work for the School Health Service but simply more work of the kind for which it was originally and properly intended.

## (c) List of School Clinics:—

Name	Address	Held on	Medical Officer	Remarks
Halesowen	Tenter Street School	Fridays at 10 a.m.	Dr. E. M. Bulmer	
Rubery	St. Chad's Church Room	1st and 3rd Thursdays at 9-30 a.m.	Dr. A. M. Nelson	This Clinic is held in conjunction with the Ante Natal Clinic
Newtown	Sydenham Villa, Newtown Rd., Malvern	Every Friday morning at 9 a.m. Mon. and Wed. mornings at 9 a.m.	Dr. H. F. Green	Nurses session only
Bromsgrove	Recreation Rd., Bromsgrove	Wednesday at 9-30 a.m.	Dr. V. Pugh	
Catshill	Baptist Chapel, Catshill	Friday at 2 p.m. Nurses session, Friday 9-30 to 10-30 a.m.	Dr. V. Pugh	This Clinic is held in conjunction with the Infant Welfare Centre
Redditch	The Old Vicarage, Redditch	Every Thursday at 11-30 a.m. Nurses session, Thursdays at 10 a.m.	Dr. E. Patterson	
Droitwich	Baptist School Rooms	Tuesdays at 2 p.m.	Dr. M. C. Fell	This Clinic is held in conjunction with the Infant Welfare Centre
Evesham	The Clinic, Avonside Hospital, Evesham	Every Friday at 10 a.m. Nurses session Tuesdays 9-15-9-45 a.m.	Dr. J. J. Murray	
Blackheath	Long Lane Chapel, Blackheath	Monday at 10 a.m.	Dr. M. M. Meikle	
Cradley	Colley Lane, Cradley, Staffs.	Fridays at 10 a.m.	Dr. M. M. Meikle	
Lye	Orchard Lane School, Lye Stourbridge	Every Friday at 11-30 a.m. Nurses session Mondays, Wednesdays Fridays at 10 a.m.	Dr. F. S. Melville	
Stourbridge	Back of No. 11 Hagley Road, Stourbridge	Every Friday at 9-30 a.m. Nurses session Mondays at 10 a.m.	Dr. F. S. Melville	
<i>Kidderminster Area</i>				
Kidderminster	Coventry St., Kidderminster	Thursdays at 10 a.m. Nurses session daily at 9 a.m.	Dr. C. Starkie	



*Oldbury Area*

Name	Address	Held on	Medical Officer	Remarks
1. Warley	Bleak House Road	Monday-Friday at 9 a.m.	Dr. M. O. Will	
2. The Hollies	Joinings Bank, Langley	Monday-Friday at 9 a.m.	Dr. E. V. Connolly	
3. Tabernacle	Tabernacle Street	Monday-Friday at 9 a.m.	Dr. M. O. Will	

## CHILD GUIDANCE CENTRES

(a) Number of Child Guidance Centres ... .. 4

(b) Staff of Centres:—

	Number	Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists* ... ..	I	I
Educational Psychologists ...	I	I
Psychiatric Social Workers...	I	I

\* The services of the Psychiatrist are made available by arrangement with the Regional Hospital Board.

## CO-ORDINATION

The maintenance and improvement of the health of school children is a combined operation and depends for its success on a proper appreciation of this fact.

Any failure in the health team has its effect on the child, and in this respect the parent and the teacher are of greater immediate importance than the school nurses and doctors.

The school health team is a large one including parents, teachers, consultants at hospitals, school nurses and doctors, administrators in the departments of health and education, the local officers of the education department, members and servants of a number of voluntary organisations, the school dentists and their auxiliaries, and the family doctors.

It is difficult to ensure full co-ordination of such a host of interested and active persons, but co-operation has been of a very close nature and this has been of great benefit to the children.

## SCHOOL HYGIENE

Due to the restrictions on capital investment very little work has been done this year to effect much-needed improvements. Education in the ways and means of health is now an important part of the teaching in schools. It is important that the school environment should provide the means to the maintenance of health.

## MEDICAL INSPECTION

Education Authorities were by the Education (Administrative Provisions) Act, 1907 first, given "The duty to provide for the medical inspection of the children educated in public elementary schools."

This duty has been carried out in Worcestershire since 1908 and there can be no doubt of the immense value of this work then and now.

The emphasis on discovery of defects by routine medical inspection has changed, over the course of the years, to what is now a periodic *health* inspection.

This is borne out by the fact that whereas in 1908, 31% of the children were found to be suffering from some defect (excluding lice on head and body) only 15% of the children inspected in 1951 were found to be suffering from defects of one kind and another.

For this reason, doubts are sometimes expressed about the value—even the thoroughness—of inspections which produce such a meagre "bag" of diseases and disabilities. Such doubts are founded on a failure to appreciate the real purposes of the periodic health inspection, which are:—

1. To maintain and, if possible, improve the health of the school child mainly by health education appropriate to each child.
2. To discover, as early as possible, any variation from accepted standards, which may be the earliest indication of something which if not dealt with, might in time *become* a defect.
3. To give an opportunity for parent, teacher, and doctor to confer on the general well-being and progress of each child and plan any manipulation of the care of that child which may be needed.
4. To discover abnormalities requiring treatment and to secure that what should be done in the interests of the child is done, with the active assistance and co-operation of the child's family doctor.

WORCESTERSHIRE COUNTY COUNCIL.

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COUNTY BUILDINGS,  
WORCESTER.

With the Compliments of the  
County Medical Officer.





## MEDICAL INSPECTION RETURNS

Year ended 31st December, 1951.

*Medical Inspection of Pupils attending maintained Primary and Secondary Schools (including special schools)*

Table I.

## A—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups						
Entrants	...	...	...	...	...	5,731
Second Age Group	...	...	...	...	...	4,488
Third Age Group	...	...	...	...	...	4,296
			Total	...	...	14,515
<hr/>						
Number of other Periodic Inspections						
			...	...	...	1,917
<hr/>						
			Grand Total...	...	...	16,432
<hr/>						

## B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	9,465
Number of Re-inspections	...	...	...	...	7,144
			Total	...	...
					16,609
<hr/>					

## C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin)

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	57	814	828
Second Age Group	251	492	695
Third Age Group	285	435	685
<hr/>			
Total (prescribed groups)	593	1,741	2,208
Other Periodic Inspections	126	239	335
<hr/>			
Grand Total	719	1,980	2,543
<hr/>			

Table II.

## RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4.	Skin ....	152	65	160	24
5.	Eyes— <i>a.</i> Vision ....	719	197	345	88
	<i>b.</i> Squint ....	157	63	27	7
	<i>c.</i> Other ....	58	37	31	14
6.	Ears— <i>a.</i> Hearing ....	27	90	30	50
	<i>b.</i> Otitis Media....	32	48	25	45
	<i>c.</i> Other ....	26	28	18	11
7.	Nose or Throat ....	417	1069	326	563
8.	Speech ....	70	82	56	33
9.	Cervical Glands ....	15	489	12	214
10.	Heart and Circulation ....	14	123	9	73
11.	Lungs ....	66	221	69	135
12.	Developmental—				
	<i>a.</i> Hernia ....	15	15	9	9
	<i>b.</i> Other ....	18	70	8	14
13.	Orthopædic—				
	<i>a.</i> Posture ....	110	66	24	17
	<i>b.</i> Flat Foot ....	233	65	64	35
	<i>c.</i> Other ....	333	203	93	84
14.	Nervous system—				
	<i>a.</i> Epilepsy ....	2	12	7	13
	<i>b.</i> Other ....	29	52	23	50
15.	Psychological—				
	<i>a.</i> Development....	12	117	45	63
	<i>b.</i> Stability ....	7	36	23	22
16.	Other ....	236	432	316	473

Nutrition

Age Groups	No. of Pupils Inspected	A — (Good)		B — (Fair)		C — (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
1	2	3	4	5	6	7	8
Entrants ...	5731	2496	43.5	3149	54.9	86	1.6
Second Age Group	4488	1830	40.7	2579	57.5	79	1.8
Third Age Group	4296	1949	45.4	2291	53.3	56	1.3
Other Periodic Inspections ..	1917	919	47.9	978	51.1	20	1.0
Total ..	16432	7194	43.8	8997	54.7	241	1.5

Assessment of nutritional standards is a difficult thing to do.

It is safe to say that very few, if any, Worcestershire school children suffer from malnutrition and no case of nutritional deficiency disease is known to have occurred during the year.

More objective methods of assessment are required but it has so far proved impossible to devise tests of nutritional state which will give accuracy and allow speed at the same time.

The gradings given in the above table are therefore based on subjective clinic *impressions* and not on the results of objective tests.

The provision of mid-day meals for 50% of the school children is reflected in the continuing satisfactory nutritional state of the school population.

In the newer medical record forms “ General Condition ” is substituted for “ Nutrition.” Since the new cards have only been in use for children entering school during the last five years it will be some time yet before all of the children can properly be considered together for the purpose of calculating the proportions in the three grades of “ General Condition.”

Visual Defects and External Eye Disease

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint ... ..	293	35
Errors of refraction (including squint)...	2,529	217
Total	2,822	252
Number of pupils for whom spectacles were		
(a) Prescribed ... ..	1,659	75
(b) Obtained ... ..	1,600	70



Spectacles for school children are now provided with no more delay than would be reasonable for any "tailor made" wearing apparel.

Repairs and replacements made necessary following breakages or loss are not excessive.

The ophthalmic consultants, I. Lloyd Johnstone, Esq., M.C., M.D., D.O., C. Martin Doyle, Esq., M.R.C.S., L.R.C.P., D.O., C. G. Sinclair, Esq., M.B., B.S., F.R.C.S., G. F. G. Siggins, Esq., M.R.C.S., L.R.C.P., D.O.M.S., provide an excellent service and are always prepared to attend extra sessions and keep the waiting list to a minimum.

It is open to parents to choose treatment by the supplementary ophthalmic service of the National Health Service and a few children have been dealt with in this way.

### *Cleanliness*

(i) Total number of examinations in the schools by the school nurses or other authorised persons	...	...	...	...	...	167,199
(ii) Total number of individual pupils examined	Information not available but it may be assumed safely that 90% of the school population amounting in all to 49,176 pupils were examined at some time during the year for infestation with vermin					
(iii) Total number of individual pupils found to be infested	...	...	...	...	...	3,685
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	...	...	...	...	...	123
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	...	...	...	...	...	14

In many instances the infestation has been slight and would not have been reported in the past years, but there has been a growing appreciation of the necessity to set a higher standard in this respect.

The number of individual pupils in Worcestershire found to be verminous has risen from 2,514 in 1950 to 3,685 in 1951. The Report of the Chief Medical Officer of the Ministry of Education for the year 1948 and 1949 states:—



“ These figures are profoundly disappointing . . . . It is quite true that many slight infestations which escaped record fifteen years ago would not do so today, but acceptance of that as a complete and satisfying explanation of the figures here given savours of wishful thinking.”

A considerable amount of time, energy, and money, are spent each year in trying to effect some improvement in this unsatisfactory state of affairs.

Occasionally children become infested at school, receiving their fellow travellers from their school colleagues but it should be appreciated that persistently lousy children come from persistently lousy homes.

With the aid of effective and easily applied modern insecticides it is an easy matter to clean a child’s head but it is impossible to keep that child vermin-free if reinfestation at home is the rule.

The one redeeming feature is that louse born disease is no longer the serious hazard to life that it used to be in this country.

*Diseases of the Skin (excluding uncleanness)*

				Number of cases treated or under treatment during the year	
				by the Authority	otherwise
Ringworm (i) Scalp	...	...		1	—
(ii) Body	...	...		15	1
Scabies	...	...	...	20	4
Impetigo	...	...	...	91	4
Other skin diseases	...	...		558	121
Total				685	130

Dr. Bulmer has noticed an increased incidence of warts among the children in Halesowen and Cradley.

*Ear, Nose and Throat Defects*

				Number of cases treated by the Authority	
					otherwise
Received operative treatment					
(a) for diseases of the ear	...			—	3
(b) for adenoids and chronic tonsillitis	...	...		—	801
(c) for other nose and throat conditions	...	...		—	—
Received other forms of treatment				139	78
Total				139	882

As will be seen from the table printed above, relatively few treatments are now carried out by the Health Authority.

In the year of the introduction of the National Health Service, 1,250 children received treatment by officers of the Health Authority.

The numbers given for those treated other than by the Authority are without doubt too low since it is known that only a fraction of the treatments given by family physicians or hospital staffs are made known to the office of the County Medical Officer.

The numbers are therefore unrealistic and valueless as statistics.

### *Orthopædic Defects*

As noted in previous reports, treatment of orthopædic defects is now almost entirely the concern of the hospital authority.

It is only in cases where the hospital authority requires some after-care for a patient leaving hospital that any information is given about the patient's sojourn in hospital.

Miss Woods and Mrs. Johnson provide the orthopædic after-care in the county. While the value of this work is appreciated, their main endeavours are in the field of prevention. Regular clinics are held, home visits are made, etc., at which minor postural and other skeletal defects are remedied before they become serious as they would do if left untreated. Parents, teachers, and physical training instructors co-operate in preventive and after-care measures.

### ANNUAL REPORT OF THE CHIEF DENTAL OFFICER FOR 1951.

It is very gratifying to be able to report that no Dental Officer on the staff of the County Council at the beginning of the year has resigned. Indeed, whilst there has been no increase in the permanent staff, additional part-time help has been obtained in Redditch, Oldbury and Blackheath, though unfortunately the part-time officer in Redditch was called up for Military Service in October and nobody has been found to take his place, with the result that there is once more no Dental Officer in that area.

The Ministry of Health has sponsored the training of Oral Hygienists and the County Council decided to employ one of them in the Stourbridge area. This Hygienist works in an adjoining surgery to the Dental Officer in Stourbridge and is under his direct supervision. Her duties include the scaling and polishing of teeth, treating children's teeth with a decay-resisting solution and giving instruction in oral hygiene, both individually and to groups. The only patients she treats are those referred to her by the Dental Officer. Though this Hygienist did not commence work until the



end of October, her work has already shown results in individual cases of poor oral hygiene which have been referred to her, but, as a great deal of her work consists of the application of the decay-resisting solution, it will be some time before the full benefit of her work is felt.

Between February and October the services were obtained of a part-time Dental Officer to work four sessions per week in Redditch. A further part-time Officer undertook to do four sessions per week in Oldbury, making two part-time Officers there doing seven sessions per week and in October these two agreed to do one day each in Blackheath, an area much needing dental attention. This additional help has been partly offset by an unfortunate amount of sickness during the early and middle parts of the year, but a study of the table on page 18 of work done will show that there has been some improvement over the previous year's work. There has been an increase of over 400 in the number of sessions devoted to treatment with a slight decline in the number devoted to routine inspections. The Dental Officers have been making a big effort to preserve the permanent teeth and though it has been found necessary to extract over 600 more than last year, it has also been found possible to fill over 2,500 more. Even though the number of sessions was increased, the number of attendances made by these children rose by over 2,000. The explanation of these figures lies in the fact that children who attend for extractions are normally completed in one visit, but those attending for filling treatment are frequently required to attend more than once. The fall of nearly 10,000 in the total number of teeth extracted is easily outbalanced by the heavy increase in the number of fillings done and is one of the most pleasing features of the year's results.

A word must be said in explanation of the big rise in the number of "other operations" in permanent teeth. This phrase covers a multitude of unclassified operations such as scaling, polishing, gum treatment, dressings in teeth prior to filling, orthodontic work and even a small amount of denture work. The big increase is largely due to the work of the Oral Hygienist whose work can only be classified under this general heading.

In the fixed Clinics at present in use, more and more use is being made of general anæsthetics for the extraction of teeth. Experience has shown that most children, when faced with the unpleasant necessity of having to have teeth extracted, are less apprehensive if they are "going to sleep" and subsequently have less dread of a visit to the dentist.

Taken as a whole I would describe the results of the year's work as encouraging. Though it is too early to make a definite forecast, one is left with a faint hope that the worst period of school dentistry in the County has been passed.

B. D. BRITTEN,  
Chief Dental Officer.

January, 1952.

*Dental Inspection and Treatment*

(1) Number of pupils inspected by the Authority's Dental Officers:—					
(a)	Periodic age groups	...	...	...	15,861
(b)	Specials	...	...	...	854
				Total (1)	16,715
(2)	Number found to require treatment	...	...		11,047
(3)	Number referred for treatment	...	...		9,234
(4)	Number actually treated	...	...		6,811
(5)	Attendances made by pupils for treatment	...			11,151
(6)	Half-days devoted to: Inspection	...	...		130
	Treatment	...	...		1,534
				Total (6)	1,664
(7)	Fillings: Permanent Teeth	...	...		7,106
	Temporary Teeth	...	...		217
				Total (7)	7,323
(8)	Number of teeth filled: Permanent Teeth	...	...		6,771
	Temporary Teeth	...			217
				Total (8)	6,988
(9)	Extractions: Permanent Teeth	...	...		1,261
	Temporary Teeth	...	...		8,954
				Total (9)	10,215
(10)	Administration of general anæsthetics for extraction				1,794
(11)	Other operations: Permanent Teeth	...	...		1,749
	Temporary Teeth	...	...		241
				Total (11)	1,990

HEART DISEASE AND RHEUMATISM

No case of rheumatic fever has come to my notice during the year and there has been a corresponding absence of new cases of heart disease in school children.

A similar experience was noted in the report for 1950.

TUBERCULOSIS

Dr. R. B. Mayfield, Chest Physician to the Birmingham Regional Hospital and Tuberculosis Officer to the Local Authority has contributed the following summary:—

*Tuberculosis in School Children 1951*

Table I.

*Notification of Tuberculosis in children of school age*

	Respiratory	Non-Respiratory	All Forms
1951	27	13	40
Average for previous 5 years	13.4	18.4	31.8



There has been a disquieting rise in respiratory notifications in school children. Granted that this can never be regarded as an accurate figure for reasons given in previous reports, and that the increase may be, and probably is partly due to better case-finding and greater care in notification, the position is nevertheless unsatisfactory. Despite the lower death rate of recent years, there is no evidence of any lessening of the incidence of tuberculosis in Worcestershire, as might have been expected in the sixth year of peace with housing conditions gradually improving and more attention being paid to hygiene in the home and other preventive measures than was possible during the War. It may be that a different approach to the problem might yield better results. The two modern measures of Mass Radiography and B.C.G. vaccination have not had a fair trial. The former aims at bringing to light the unknown reservoir of infectious cases scattered amongst the population who are unwittingly perpetuating the disease, the latter aims at raising the individual's resistance to infection. In these two methods lies our best hope for the future, and the time is surely over-ripe for their full development.

Table II.

*New cases examined at the Chest Clinics*

				Respiratory	Non-Respiratory.	Total
Tuberculous	...	...	...	18	6	24
Observation Cases	...	...	...			40
Not Tuberculous	...	...	...			115
Gross Total						179

The number of school children referred to the Chest Clinics is somewhat larger than in the previous year. This Table does not include contacts of known cases, who are all invited to come for examination. In 1951, 458 new child contacts were examined at the Chest Clinics.

*Treatment*

There have been no changes in the arrangements for treatment since last year. It is understood that the Regional Hospital Board hopes to open a new hospital for children with primary tuberculous lung disease at Kyre Park during 1952, and it is hoped that some Worcestershire cases may be accommodated there.

*Prevention*

The scheme for the inoculation of contacts with B.C.G. has now been in operation for two years. In 1950, 46 school children were so inoculated and 90 in 1951, making a total of 136 in the two years. This procedure, which is limited to contacts in accordance with the National Scheme, though a useful step forward, is not

likely to advance prevention very far. Unfortunately, many children are infected before the original case comes to light and therefore cannot benefit from B.C.G. Furthermore, many cases of tuberculosis are not known to have the disease and their contacts remain unprotected. Again, tuberculosis is not always contracted in the home. Infection may take place in buses, cinemas and other public places. Consequently, little headway is likely to be made with this promising preventive measure until it is offered to all who desire it, whether known to be in contact with the disease or not.

R. B. MAYFIELD.

Owing to the earlier date of publication of this report no tuberculosis mortality statistics are available.

#### SCHOOL CHILDREN AND ROAD ACCIDENTS

The following statistical return of children between the ages of 5 and 15 who were involved in Road Accidents in 1951 has been supplied by the Chief Constable of the County.

Class of Person		Killed	Injured		Total
			Seriously	Slightly	
Pedestrians	...	3	39	99	141
Pedal Bicyclists	...	4	38	60	102
Passengers	...	—	6	14	20
		<hr/>	<hr/>	<hr/>	<hr/>
Total	...	7	83	173	263
		<hr/>	<hr/>	<hr/>	<hr/>

The police are prepared to assist in giving lectures and demonstrations on Road Safety and carry out inspections of school children's bicycles.

Traffic wardens have been appointed for duty at schools near busy roads and dangerous crossings.

Kerb drill and safety precautions are taught in schools and safety literature is always prominently displayed.

#### INFECTIOUS DISEASES

A protracted epidemic of diphtheria began in Redditch in March, 1951 and the last cases were notified in 1952.

Twenty-five cases occurred and fifteen of them were school children.

It is with regret that I must record the deaths of three of the school children affected, who had not been immunised although the parents had received the usual appeals.



The advantages of immunisation against diphtheria are now widely appreciated, immunisation is readily available throughout the country, and every parent is approached repeatedly if necessary, to give the permission necessary for immunisation to be carried out—free of cost and at no risk.

Children should be immunised in infancy (at about 9 months) and twice again at 4 year intervals unless tests show them to be unnecessary.

*Deaths from diphtheria should not occur.* They will continue just as long as parents withhold permission to prevent them.

“ The situation is now being reached — a situation scarcely dreamed of in 1940 when the immunisation campaign started—where the eradication of diphtheria as an indigenous disease in this country can be foreseen as a very real possibility within the next few years, providing there is no slackening in the immunisation efforts that have been so dramatically successful in the past 10 years. Complacency resulting from what has already been achieved, or loss of interest or of confidence in immunisation, may mean that diphtheria will go on occurring endemically and epidemically in this country indefinitely, with the ever-present risk of a return to high mortality; but a vigorously continued immunisation programme, combined with existing methods of epidemic control, may free us entirely from the disease except for the occasionally imported case.”\*

The greatest problem in preventive medicine remains the need to persuade the general public to take action in its own interests.

#### WEST MALVERN RESIDENTIAL OPEN AIR SCHOOL

The following report has been given by the Director of Education:—

“ During the year 1951/52 the Girls' and Boys' Departments of the Open Air School have been combined under one headmistress. This experiment has proved worthwhile and has led to improved co-ordination between the two departments. At the same time with the admission of 120 children each term and the physical difficulty of supervising work in two separate buildings, the headmistress has found it difficult to preserve that personal contact with the children that is particularly valuable in schools of this kind. Revised arrangements have now been made which will preserve the improvements effected during 1951 while removing some of the disadvantages.

The total number of children admitted during the year was 360 (120 girls and 240 boys). Of these 33 girls and 69 boys came from homes in Oldbury and Dudley and the remainder from other

\* “ Recent Trends in Diphtheria.” W. P. D. Logan. Monthly Bulletin of the Ministry of Health, March, 1952.

parts of Worcestershire. During the Winter term 1951 both departments admitted boys, as the boys' waiting list was so much longer than the girls'.

Throughout the year there was no serious illness and all the children responded well to the open air treatment, especially those children admitted as suffering from asthma. Every child gained weight during his stay at the school and all returned home in much better health than on arrival. All children who came in as contacts of cases of tuberculosis and all who had not been X-rayed recently were examined at the Malvern Hospital. All X-rays proved satisfactory.

Mr. Charles, adviser on physical education, was attached to the teaching staff of the Boys' School for a period of 6 months and during that time conducted remedial exercises with boys suffering from asthma and poor posture. Dr. Webster, the School medical officer, has commented on the marked improvement resulting from these exercises.

At various times throughout the year we have had visitors from home and abroad. All have been impressed by the work done at the school and it is clear that considerable numbers of children continue to derive much benefit from the healthy open air life and good food that they enjoy during their stay at West Malvern."

### PHYSICAL EDUCATION

The Director of Education has supplied the following report prepared by his advisory officers Miss M. E. Hodgkinson and Mr. R. A. Young:—

"In general, facilities for physical education are improving so that a full and varied programme of activities can be attempted in most schools. The exception is in the number of halls available for indoor work in the primary schools. The increase in the school population has meant that, in many cases, halls have to be used as classrooms.

#### *Teachers' Courses*

Courses held in local areas have been the chief means by which teachers have been able to keep abreast with the continuing changes in method and approach in physical education. Courses for non-specialists in physical education and dance were held in Worcester, Malvern and Kidderminster, and specialist courses in athletics, hockey, cricket and tennis were held in Worcester, Malvern and Evesham.

#### *Swimming*

A full programme of swimming instruction has been carried out at the baths in Stourbridge, Kidderminster, Redditch, Malvern, Evesham and Droitwich. Some schools have been able to use the



baths at Northfield, Smethwick and Kempsey. Nearly 8,000 children received swimming instruction. Owing to the shortage of swimming baths in the County, especially in the Bromsgrove and Halesowen districts, many schools are still not able to include swimming instruction in their time-tables. Arrangements for children in remote rural areas continue to be a problem.

### *Schools' Camp*

The County Camp was held at Overbury in surroundings which provided ample scope for rural studies, interesting projects, and for the study of local history. Altogether 250 boys and girls were able to stay at the camp, and they came mainly from the urban areas of Worcestershire. There is no doubt that living in such ideal surroundings, even for a short time, had a beneficial effect upon the children and gave them a taste for open-air life, and an interest in natural things. As a result of the experience and training gained at the Camp, several schools are organising their own holiday camps, and it is hoped that a good standard of camping will be maintained.

### *Playgrounds and Playing Fields*

The surfaces of many school playgrounds are in poor condition, and while every effort is being made to remedy these defects, it is felt that outside activities are considerably curtailed. Where the surfaces are satisfactory, the policy of installing playground apparatus has been continued.

Since the Education Committee has undertaken the preparation and maintenance of playing fields by direct labour, there has been considerable improvement both in the number of playing fields available in the rural areas, and in the general condition of school fields.

### *Provision of Plimsolls*

Suitable footwear is an essential for the free movement and development of the feet. Good footwork is the foundation of good, natural body movement. The Education Authority's policy of supplying plimsolls to a proportion of the school population has done much to ensure that the children get the maximum benefit from Physical activities."

## MILK IN SCHOOLS AND SCHOOL MEALS SERVICE

The following information has been supplied by the Director of Education:—

### A Day in October 1951

#### MEALS—

Dinners—Free	...	...	...	...	2,560
On Payment	...	...	...	...	25,316
Breakfasts	...	...	...	...	182
Teas	...	...	...	...	182
Number of Departments having meals	...	...	...	...	309
Number of Departments not having meals	...	...	...	...	7

## MILK—

Number of pupils present in Primary and Secondary Schools	... ..	51,209
--	--------	--------

Number of pupils present in Nursery Schools	... ..	36
--	--------	----

Number of children who receive $\frac{1}{3}$ pint	...	41,302
---	-----	--------

Number of children who receive $\frac{2}{3}$ pint	...	36
---	-----	----

All figures include Excepted District of Oldbury.

All Schools in County receive a supply of milk, except:—

Stoke Bliss and Kyre C.E. School

Bockleton C.E. School

Clifton-on-Teme County Primary School

where deliveries were still suspended at October 1951, but arrangements have now been completed for milk to be delivered to all three Schools by 20th February, 1952.

## HANDICAPPED PUPILS

Handicapped pupils take up a great deal of the time and effort of the School Health Service.

The work involved in the proper ascertainment and in the making of suitable educational provision for each of those children is hard and exacting.

Facilities for special educational treatment are now more readily available than ever before, but great difficulty is experienced in dealing with some types of children, e.g., spastics.

The school population of Worcestershire is widely scattered over the county and it is possible only in very few cases for special arrangements to be made for "day" pupils.

As a result, *residential* special educational treatment must be relied on in many cases.

This is expensive to provide, places are not always readily available, but there can be no doubt that for many children it offers the only hope of preventing the addition of an *educational* handicap to the one already present.

All of the special schools to which Worcestershire school-children are sent, are regularly inspected and must satisfy the requirements of the Ministry of Education.

In spite of all this, parents are not infrequently reluctant to allow their children to attend boarding schools and it is not unknown for children to be removed for no good reason at all.

No effort is spared by the school health authority to ensure that such difficulties are overcome.

A disappointingly small number of handicapped children are "recognised" before coming to school. In many cases the sooner the handicap is known to the Education Authority the better. Special educational treatment is now available from 2 years of age and this is by no means too early for deaf children for example.

Costs of maintenance have again risen at all of the special schools. Worcestershire's first residential special school (Rhydd Court) will take in its first group of pupils early in 1952.

The following tables show the present position of the handicapped pupils of Worcestershire:—



*Handicapped Pupils requiring education at special schools or Boarding in Boarding Homes*

	Blind Partially sighted		Deaf Partially Deaf		Delicate Physically Handicapped		Educationally Sub-normal Maladjusted		Epileptic	Total 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ending 31st Dec. 1951:—										
A—Handicapped pupils newly placed in Special Schools or Homes	2	3	5	3	4	6	11	2	3	39
B—Handicapped pupils newly ascertained as requiring education at Special Schools or boarding in Homes	4	6	2	6	5	6	38	2	5	74
On or about 31st Dec., 1951:—										
C—Number of Handicapped pupils from the area—										
(i) attending Special Schools as										
(a) Day Pupils	...	2	1	1	...	...	19	...	...	23
(b) Boarding Pupils	14	6	21	9	3	14	31	...	3	101
(ii) Boarded in Homes	...	...	...	...	...	...	...	...	...	...
(iii) attending independent schools under arrangements made by the Authority	...	1	...	...	...	1	2	3	...	7
Total (C)	14	9	22	10	3	15	52	3	3	131
D—Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944										
(i) In hospitals	...	...	...	...	...	1	...	...	...	1
(ii) Elsewhere	...	...	...	...	...	6	1	...	...	7
E—Number of Handicapped pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition)	3	7	3	10	2	26	135	...	5	191

Number of children reported during the year:—

(a) under Section 57(3) (excluding any returned under (b))...	61
(b) under Section 57(3) relying on Section 57(4) ...	—
(c) under Section 57(5) ...	28

of the Education Act, 1944.

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education of handicapped pupils in the financial year ended 31st March, 1951 ...

£104/8/0



*Return showing independent schools being assisted by the Local Education Authority under Section 9(1) of the Education Act, 1944 in respect of handicapped pupils.*

Name and Address of School	State whether for Boys, Girls or both	Number of pupils whose fees are being paid in whole or part by the L.E.A.	Category of handicap of each pupil in col. 3	Age range of pupils in col. 3	Annual rate of payment by L.E.A. per pupil
1	2	3	4	5	6
Wynstones, near Gloucester	Boys and Girls	1	Partially sighted	11	£75
Rutland Lodge, Ledbury	Boys	2	1 E.S.N. 1 Phys. handicapped	11-13	£150
Wennington School, Weatherby, Yorks.	Boys and Girls	1	Mal-adjusted	13	£219
Westhope Manor, Craven Arms, Salop	Boys	1	Mal-adjusted	11	£360
Mulberry Bush, Stanlake, Oxford	Boys and Girls	1	Mal-adjusted	10	£286
Ledstone Hall, Allerton, Bywater, Leeds	Boys and Girls	1	E.S.N.	15	£250

The high initial cost of the clothing required by pupils entering boarding schools was a deterrent to the acceptance of vacancies.

Arrangements have now been made whereby parents contribute 3/6 per week towards the cost of supplying and maintaining school clothing.

### *Deaf Children*

The headmaster of the Royal School for Deaf Children, Birmingham, has enquired into the circumstances of children who left this school during the five years ended 31st December, 1950.

Four Worcestershire children "graduated" during this period and all are known to be making satisfactory headway in their chosen careers.

One girl was head girl of the Mary Hare Grammar School and gained eight credits and matriculation exception in the Oxford School Certificate examination.

One of the boys is a carpet designer and anticipates “ a future as bright as the many colours he uses day by day.”

The mother of another deaf girl wrote: “ She is fortunate in her looks and a favourite everywhere. An onlooker would never realise how heavily she is handicapped. She has recently got a job and is gaining confidence in herself. We are grateful to all who have helped to equip ‘ X ’ for the position—standing on her own feet, as she enters the hearing world.”

Our thanks are due to the staffs of the special schools who constantly strive for such splendid results.

*Lip reading classes for deaf children*

A number of children attend weekly at the Newtown Clinic, Malvern, for lip reading classes given by Mrs. Crellin.

The children are handicapped by different degrees of deafness and in most cases the children have hearing aids which allow them to make the best use of what hearing they have.

Ability to lip read is an important asset *for all deaf or partially deaf persons.*

#### CONVALESCENCE

Recuperative convalescence is provided under Section 48(3) of the Education Act, 1944, and there is no doubt that the children derive great benefit from such provision. This is particularly true where home circumstances prejudice the rapid or complete recovery of a child after accident or illness.

Attempts are made whenever possible to minimise the costs of escort by forming parties of children for outward and return journeys. Cases of inexcusable parental carelessness sometimes result in the breakdown of well-considered arrangements, and unnecessary expense must be borne by the authority.

The numbers again show an increase. Vacancies were taken up at the following homes, all of which are known to be satisfactory.

The Home for Invalid Children, Hove	...	13
Highcliffe Castle Convalescent Home, Bournemouth	... ..	17
Roe Cliffe Manor, Woodhouse Eaves	... ..	2
Burt Memorial Home, Bognor Regis	... ..	6
Lloyd Kimpton Convalescent Home, Budleigh Salterton	... ..	12
St. Michael's Convalescent Home, Southbourne	... ..	1
The House Beautiful, Bournemouth	... ..	2
Brabazon House, Surrey	... ..	2
Hillaway Houses, Devon	... ..	12
Cowdray Lodge, Weston-super-Mare	... ..	2
Belgrave House, Littlehampton	... ..	3
The Ormerod Home, St. Annes-on-Sea	... ..	2

The following table shows the number of cases by the duration of stay:—

1 week	...	...	...	3
2 weeks	...	...	...	8
3 weeks	...	...	...	5
4 weeks	...	...	...	35
5 weeks	...	...	...	6
6 weeks	...	...	...	2
7 weeks	...	...	...	3
8 weeks	...	...	...	10
9 weeks	...	...	...	1
14 weeks	...	...	...	1
				<hr/>
				74
				<hr/>

#### SPEECH THERAPY

Miss M. Edwards, the Senior Speech Therapist, has submitted the following report:—

“ During the past year there has been a considerable increase in the number of children treated at clinics, and the number discharged after satisfactory treatment has doubled. This was due to the appointment of the second speech therapist, Miss Allen, who did a great deal of valuable work in the northern part of the County. Unfortunately Miss Allen has now left to take up an appointment in Canada and at the moment clinics in the area in which she worked are in abeyance. Owing to the continued shortage of qualified speech therapists it has been impossible to appoint anyone to take her place. It is hoped that a second speech therapist will take up duties in 1952.

Among the children treated at the clinics it is most noticeable that those who have responded best to treatment are cases where the home co-operation is good. While treatment is limited to once weekly the speech therapist can only at the most give instructions to the parents as to how they can best help the child. The responsibility of seeing that these are put into effect in normal conversation inevitably rests with them. If only there was more of this co-operation I feel sure that results would improve considerably.

MARGARET EDWARDS, L.C.S.T. ”



		Oldbury	Kidderminster	Redditch— Bromsgrove	Worcester	Evesham— Pershire	Cradley	Total
Cases attending 31st January, 1952	...	23	31	18	10	14	15	111
Discharged after satisfac- tory progress	...	9	7	11	6	6	14	53
Left School or Area	...	2	3	1	2	—	5	13
Ceased attending	...	4	3	3	1	1	8	20
		—	—	—	—	—	—	—
Total	...	38	44	33	19	21	42	197
		—	—	—	—	—	—	—
Waiting list	...	100	113	105	24	44	106	492
		—	—	—	—	—	—	—
Grand Total	...	—	—	—	—	—	—	689
		—	—	—	—	—	—	—
Total No. Treatments	...	616	690	406	276	378	601	2,967

		Articulation e.g. Lisp	Voice e.g. Dysphonia	Language e.g. Asphasia	Communication e.g. Stammering	Multiple e.g. Cleft Palate	Total
Oldbury	...	16	—	—	20	2	38
Kidderminster	...	14	1	1	18	10	44
Redditch—Bromsgrove	...	15	—	2	13	3	33
Worcester	...	10	—	—	4	5	19
Pershire—Evesham	...	8	—	—	9	4	21
Cradley	...	16	—	1	15	10	42
		—	—	—	—	—	—
Total	...	79	1	4	79	34	197
		—	—	—	—	—	—

CHILD GUIDANCE SERVICE

Dr. J. J. Graham, Consultant Psychiatrist appointed by the Regional Hospital Board, has supplied the following:—

“ Because this report reaches a wider public than those, such as medical officers, who are familiar with Child Guidance work, it has been thought appropriate to sketch an outline of the activities of the Clinics.



The general aim and purpose is to bring together the various resources of the community on behalf of children who are in distress because of conflicting demands relating to their own emotional life or who are not successfully adjusted to their surroundings. One might say that such children are at sixes and sevens with themselves or with their family or with their school and playfellows. We deal with children of normal intelligence; for the mentally defective child other machinery exists in the School Medical Service. The age range is from infancy to about 16 or 17 years. Most cases are referred by the school medical officers, the problem being discovered at one of the routine medical examinations or at the Infant Welfare Clinic or brought to the notice of the school medical officer by the class teacher or head teacher. Cases are also referred by the family doctor, the hospital specialists, particularly the pædiatrician, probation officers, the Children's Department and sometimes the initiative is taken directly by the parents themselves. Many cases are referred by the Juvenile Courts for opinion and advice and some of these cases are taken on subsequently for treatment.

What happens when one or both parents with a child presenting some problem come to the clinic? The child is usually seen first by the educational psychologist whose job, among many others, is to assess the child's native intelligence and whether or not that intelligence has been used to the full. The psychiatric social worker sees the parent—usually the mother—and elicits not only the nature of the problem and a factual history of the life of the child but also attempts to gauge the personalities of the family and the relationships between its various members. This is a delicate and difficult task and is rarely felt to be complete at a first interview. The child is seen alone by the psychiatrist whose task is to assess the child's temperament, how he feels towards the people who matter in his life—father, mother, brothers and sisters, school teachers, playfellows and the like — how the child feels these people feel about him. In particular the psychiatrist needs to discover the underlying reasons for the behaviour which has led to the child's appearance at the clinic. It is useless to approach a child by the direct methods often successful with an adult. His confidence in the friendliness of the psychiatrist must be won. The young child cannot put into words, as can an adult, what he feels to be his problem; the child just feels. So that indirect methods are usually necessary for the child to convey something of what perturbs him. He may draw or paint, or play with toys in a sand-tray and in his pictures or in his play he may put something of his inner life. As a very simple example a small boy may draw a house, a mother and a father and a little boy, and proudly show it as “my house, my mummy, my daddy and me,” happily omitting the baby sister of whom he is intensely jealous. As with the psychiatric social worker's interview with the mother, the first interview with the child usually gives a very incomplete picture of the whole problem.

When these three initial interviews have taken place the three members of the Child Guidance team, namely, the psychiatric social worker, the educational psychologist and the psychiatrist, confer and discuss the problem in the light of what has become known and a provisional course of action is taken. It may be that the problem seems to be relatively simple and may perhaps fall mainly within the sphere of action of the educational psychologist. For example, a child may have fallen behind in school work because of illness, or some transient emotional disturbance which affected his attention and concentration, or he may have some specific disability in learning to read. Being behind-hand the child may develop feelings of inferiority and a sense of hopelessness with an increasingly adverse effect on learning; he may become so silently miserable and frustrated that not until he seeks escape in persistent truancy do the grown-ups become aware of a problem greater than 'not getting on very well at school.' Here the clinic would aim to break the chain of events, to bring greater awareness to child, parents and school; the educational psychologist would help the child, either indirectly by advising the school or directly by individual coaching, to catch up in his school work.

Such a problem confined to the relation between the child and the school is, however, uncommon. Most of the children who come to us are emotionally disturbed because the relationship between them and their parents has gone awry and here I would like to digress and consider briefly the emotional needs of a child. Healthy childhood derives from healthy parenthood and stable family life. There is a certain minimum level below which lack of the normal requirements of healthy life directly affect the child but above this, most social stresses affect the child through their effect on the family unit. Economic stress, poor housing conditions and the like strain the family unit with a corresponding effect on the child. First in importance, however, is the emotional relationship of the marriage of the parents. A woman impaired in her own emotional development or dissatisfied in her marriage will find it difficult to give to the children of that marriage the normal degree of maternal love and tolerance; whether her children become a matter of duty rather than pleasure or whether they receive an excess of her feelings, they will suffer in their emotional development. Normal development, then, presupposes that the child in the home should have met firstly with stable and secure affection. This is a biological need without which he cannot develop normally. Where this is lacking he will be liable to a wide variety of neurotic disturbances. For the infant the mother's (or the mother substitute's) love and care are all-important; it is she whom he first recognises as something beyond himself, someone to love and be loved by. As he grows older the father and the other members of the family become significant. On the bonds formed in these early months and years depend his personality and character for the rest of his life. If he lacks affection in his early years his capacity to return affection is stunted or distorted. It is only through the child's affection that he can rightly be influenced to



conform to parental standards. In the early years his motive is to retain the approval of the mother and father who give him love and security and whom he loves in turn. As he grows older it is from these in the home and outside, whom he loves, admires and desires to emulate, that he forms the standards that will later govern his own life. He may well rebel against the code of those who owe but deny him affection.

The second biological need of the child is stimulus and outlet appropriate to his maturing need for physical activity, to his imaginative and creative ability, and to his intellectual capacity. They are denied by overcrowded homes, lack of play facilities, faulty educational methods, failure to provide socially acceptable outlets for the instincts of youth and by ignorance and lack of understanding or imagination in adults. The third need of the normal child is that it should meet with stable and reasonable authority in the home and school. The young child can become bewildered and terrified at times by the force of his instinctual impulses, for example, by his aggressiveness when frustrated; he needs a tolerant barrier to keep that aggressiveness within bounds.

To return now to my contention that most of the children who come to us are emotionally disturbed because the relationship between them and their parents has gone awry. In the majority one can trace the beginning of the disturbance to faulty parental attitudes. In the very young child or where the problem is recent, help to the parents only may be needed, but the older child may need much direct help, as well as the parents. There are, of course, numbers of children whose emotional development halts or deviates in their own right, as it were; where the feelings and attitudes of the parents seem wholly admirable. Children may be unequally endowed emotionally in character and temperament so that the better endowed meet equably the stresses and strains that lead to neurotic and behaviour disturbances in the less well endowed. Children too, may be handicapped by heredity, illness or eccentricity which isolates them from their fellows. Physical handicaps even of a minor degree may interfere with the child's relationships in home or school.

Finally, I would like to give some account of what happens when the average case is taken on for treatment. The mother (occasionally the father) and the child come weekly by appointment to the clinic. The psychiatrist sees the child and the psychiatric social worker sees the mother. As was said earlier, the psychiatrist must gain the confidence of the child; there must be an atmosphere of friendliness, understanding and tolerance in which the child can reveal his anxieties, conflicts and guilt, occasionally in words by the adolescent, but with most children through the medium of play. This may be all that the young child with its greater plasticity may need; expression of these feelings through play, often without any words, may lessen his tensions and allow a march forward in emotional development. Older children may

need to be helped through a greater awareness of what they reveal of their problems to more satisfactory ways of coping with them. The psychiatric social worker seeks to create for the parent an atmosphere similar to that between the psychiatrist and the child. The mother must be allowed to reveal her anxieties, her guilt and her attitudes without condemnation or criticism. The faulty attitude or the inadequacy may be apparent early to the worker but explanation or didactic advice is useless. The mother, guided by the worker must come to feel and understand wherein she or the family have failed. It is only through this process of self-exploration and self-enlightenment that the mother can modify her attitudes or achieve a greater emotional maturity.

These tasks of the clinic team demand much time and patience. There are heart-breaking setbacks and success may be slender or non-existent. The outwardly solicitous but inwardly unloving parent may be so rigid in personality that change is impossible. The child, too, may have advanced too far along the road of maladjustment and reject the psychiatrist's approach. But when success comes it is richly rewarding."

TABLE OF CASES

*Oldbury Child Guidance Clinic*

Referred by	1 to 5 yrs.		5 to 11 yrs.		11 and over		Total
	M	F	M	F	M	F	
Head Teacher ... ..			1				1
Assistant School Medical Officer			2				2
Juvenile Court ... ..			2		4		6
General Practitioner ... ..		1	1				2
Director of Education ... ..					1		1
Children's Officer ... ..		1	1				2
Dr. Lawson ... ..			4	1	1		6
Medical Officer, Dudley.							
Total ...		2	11	1	6		20

*Bromsgrove Child Guidance Clinic*

Referred by	1 to 5 yrs.		5 to 11 yrs.		11 and over		Total
	M	F	M	F	M	F	
Probation Officer ... ..				1			1
Head Teacher ... ..			1				1
Assistant School Medical Officer			1	2	3	1	7
Juvenile Court ... ..			1				1
Speech Therapist ... ..	1						1
General Practitioner ... ..	1					2	3
Director of Education ... ..			1		1		2
Specialist ... ..			1		1		2
Children's Officer ... ..			1			2	3
Moral Welfare Worker ... ..			1				1
Total ...	2		7	3	3	7	22



*Worcester Child Guidance Clinic*

Referred by	1 to 5 yrs.		5 to 11 yrs.		11 and over		Total
	M	F	M	F	M	F	
Head Teacher ... ..			2		1		3
Parent ... ..						2	2
Assistant School Medical Officer		2	2	3	2		9
Juvenile Court ... ..			4		13		17
Speech Therapist ... ..			1				1
General Practitioner ... ..		1	2	3		1	7
Director of Education ... ..					2		2
Specialists ... ..		1	2	3	1		7
Children's Officer ... ..			2		3		5
City Medical Officer ... ..	1		3	3	1	1	9
Total ...	1	4	18	12	23	4	62

*Kidderminster Child Guidance Clinic*

Referred by	1 to 5 yrs.		5 to 11 yrs.		11 and over		Total
	M	F	M	F	M	F	
Probation Officer ... ..			1		1		2
General Practitioner ... ..			4		1		5
Head Teacher ... ..			1		1		2
Assistant School Medical Officer			8	4	1		13
Juvenile Court .. ...			2		2	1	5
Speech Therapist ... ..					1		1
Director of Education ... ..				1	1		2
Specialists ... ..			1	1	1		3
Total ...			17	6	9	1	33

SCHEME OF ADMINISTRATION—BOROUGH OF OLDBURY AND  
KIDDERMINSTER DIVISIONAL AREA

The divisional arrangements for Kidderminster and Oldbury will continue at least until 1953.

The present arrangements continue to work well.

NOTES FROM ANNUAL REPORTS OF ASSISTANT COUNTY  
MEDICAL OFFICERS

*Dr. E. Patterson* (Bromsgrove Rural and Redditch)

Some of the children in the secondary modern schools look tired—probably this is due to too little sleep. According to the parents, the popularity of television accounts for this. Personal cleanliness in these schools is not always of the highest standard. Heads are mostly clean, the few offenders usually being of the chronic type. I wish that the teaching staff would insist that rubber boots should not be worn all day in school.

Most of the younger children are of excellent physique, being sturdy little people, clean in person and clothing.

Several boys and girls have been to Malvern Open Air School, or to Convalescent Homes, and all have shewn considerable benefit from their stay. Almost invariably there is a marked loss of weight a few weeks after their return home.

The dental work is inadequately done, owing to lack of staff. Many parents complain that they find it very difficult to get appointments for children with the local private dental surgeons.

*Dr. V. Pugh* (Bromsgrove)

The health of the children has been well maintained and there has been no serious epidemic.

There are a few problem families especially in Bromsgrove itself. These few families have children who are almost continuously infested with head lice and constant vigilance is required on the part of the Health Visitors. Several of these children are cleansed weekly at Bromsgrove Clinic only to be re-infested in the home. In this matter we have had valuable help from the School Attendance Officer.

In one or two schools the accommodation for medical inspections is very poor but in view of the overcrowding of these schools it is difficult to see what is the solution of the problem. In one school the parents wait in a draughty corridor and the medical officer works in a tiny room where the children have to undress together while the medical examination is going on.

*Dr. M. C. Fell* (Droitwich Rural & Borough and Martley Rural)

During the course of my work in the School Health Service during 1951 I noticed an improvement in the general well-being of the children, brought about to a large extent in my opinion, by the provision of "school dinners." I think the benefit of these meals has been especially marked in rural areas where many children have a distance of two or three miles to travel to school and cannot get home for a meal, at midday.

Before the institution of the School Meals Service these children frequently brought 'sandwiches' for their midday meal. Nowadays it is rare to find a child who brings sandwiches for dinner.

*Dr. J. J. Murray* (Evesham and Pershore Districts)

These children are comparatively fortunate. They are "sparse upon the ground" as compared to the child population compressed in the larger towns and cities, their parents for the most part employed in agricultural work, are reasonably well-off, food is readily available, many cottagers having their own pigs, whilst nearly everyone in local town or country by reason of tradition grows their own vegetables. At school, excellent hot meals are provided and a well planned transport service conveys all but a few, who are compelled to walk, to and from school with the minimum of inconvenience.

One must add that the standard of parental care and interest is high—in one or two instances indeed impressively so.

In the opinion of this observer who can draw on an experience of over a quarter of a century “ things have never been so good ” for the young people as at present.

Further the facilities for specialist opinion and treatment where indicated are much more readily obtainable for all types of investigation since the Health Act came into force and with copies of their findings being enclosed with the dossier of each examinee at school, one is given a very good conspectus of the child's medical history to date.

With better quality shoes now purchasable, there would seem to be fewer foot defects. Parents frequently draw the examiner's attention to any real or imagined foot abnormality. Health education would seem to be having its effect. The service provided by the Orthopædic Sister is very good and parents recognize it as such.

#### ENQUIRY INTO ABSENTEEISM IN SCHOOLS

During the three terms of the school year 1947-48 an investigation was made into absenteeism in schools in rural Worcestershire, and the report on the enquiry became available during 1951.

The report provided scientific confirmation of the experience of most school teachers in that some children attend school when they should be at home and others attend less regularly than they should do.

One of the difficulties emphasised by the report is to decide whether children are too often or too seldom absent through illness.

“ Experience shows that behind the case of frequent absence for apparently trivial reasons, medical or non-medical, there is often a social or psychological problem which needs attention. Not every child is yet fortunate enough to be born into a family who take an intelligent interest in his progress; but every doctor can help parents to recognise the child's true interests, and to hold a balance between unnecessary absence, hidden behind a medical label, and attendance when he would be better at home.”

The report has been studied by the Teachers' Advisory Committee and by the School Medical Officers.





WORCESTERSHIRE COUNTY COUNCIL

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KIDDERMINSTER DIVISIONAL AREA

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SCHOOL HEALTH SERVICE

# REPORT

OF THE

School Medical Officer

FOR THE YEAR 1951

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COLIN. STARKIE,  
Divisional Medical Officer.

R. W. MARKHAM,  
Deputy Divisional Medical Officer.

Caldwall Hall, Kidderminster.

WORCESTERSHIRE COUNTY COUNCIL

KIDDERMINSTER DIVISIONAL AREA

**Annual Report of the Divisional Medical Officer  
for the year 1951.**

*Divisional Office:* Caldwell Hall, Castle Road, Kidderminster.

DIVISIONAL COMMITTEE

*County Council Representatives*

Alderman K. D. Briggs, J.P. (Chairman)  
 „ Sir A. C. T. Woodward  
 „ H. Parkes  
 Councillor Sir Hugh Chance  
 „ S. T. Melsom  
 „ J. G. Parker  
 „ E. A. Robinson.

*Kidderminster Borough*

Councillor Mrs. F. Broadbent, J.P., B.A.  
 „ W. P. Hill  
 „ R. F. Lurring, M.B., B.Ch., B.A.O., B.A.

*Bewdley Borough*

Alderman R. B. Jackson  
 Councillor Mrs. D. L. Lawrence.

*Stourport Urban District Council*

Councillor P. C. Hopcroft  
 „ Mrs. A. Pratt.

*Kidderminster Rural District Council*

Councillor H. Doolittle  
 „ A. Pardoe.

*Tenbury Rural District Council*

Councillor E. Evans  
 The Rev. A. P. Randle.

*Co-opted Members*

The Rev. N. Panter  
 Mrs. G. S. Chadwick  
 Mrs. T. H. Charles  
 Mrs. D. C. Mount  
 Mrs. H. Rowlatt.



## STAFF

as at December, 1951.

*Divisional Medical Officer*Colin Starkie, M.D., Ch.B., M.R.C.S., L.R.C.P., B.Sc.,  
D.P.H.*Deputy Divisional Medical Officer*

R. W. Markham, B.A., M.B., B.Ch., D.P.H.

*Assistant School Medical Officer (Part-time)*

Alistair M. Nelson, M.B., Ch.B., D.P.H.

*School Nurses*

Miss E. A. Baird	...	School Nurse. Kidderminster Borough.
Miss M. M. McCarthy		School Nurse and Health Visitor. Kidderminster Borough.
Miss M. J. Thomas	...	School Nurse and Health Visitor. Kidderminster Borough.
Miss L. M. Coward	...	School Nurse and Health Visitor. Stourport Urban District.
Miss L. M. Cartwright		School Nurse and Health Visitor. Bewdley and Wribbenhall District.
Miss de Ropp	...	School Nurse and Health Visitor. Kidderminster Borough.
Miss M. A. Buck	...	School Nurse, Health Visiting, District Nurse and Midwife. Kidderminster Rural.
Miss N. Chadwick	...	School Nurse, Health Visiting, District Nurse and Midwife. Kidderminster Rural.
Mrs. A. M. Towers	...	School Nurse, Health Visiting, District Nurse and Midwife. Kidderminster Rural.
Miss R. Winstanley	...	School Nurse, Health Visiting, District Nurse and Midwife. Kidderminster Rural.
Mrs. F. A. Allen	...	School Nurse, Health Visiting, District Nurse and Midwife. Tenbury Rural.
Miss M. Connolly	...	School Nurse, Health Visiting, District Nurse and Midwife. Tenbury Rural.

Miss E. Powell      ...    School Nurse, Health Visiting,  
District Nurse and Midwife.  
Tenbury Rural.

Miss U. M. Watson ...    School Nurse, Health Visiting,  
District Nurse and Midwife.  
Tenbury Rural.

*Clinical Assistant*

Mrs. E. M. Roden    ...    Kidderminster Borough.

*Clerical Staff*

Miss M. French      ...    Chief Clerk.

TO THE CHAIRMAN AND MEMBERS OF THE KIDDERMINSTER  
DIVISIONAL AREA SUB-COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the honour of presenting my third Annual Report upon the health of the Divisional School Children.

Throughout the year the work has progressed smoothly, helping in all possible ways to improve the health and happiness of 9,820 children in our schools.

In the body of the report attention is drawn to particular aspects of this varied work.

It will be noted that the common infectious diseases have caused little trouble, that strenuous efforts have not been enough to rid us of head lice in schools, and that the once flourishing school dental service shows no signs of reviving.

I wish to record my full appreciation and thanks to the members of the Divisional Committee for their continued interest and support, and to the members of my staff for their care and diligence, and to all who have helped to improve the health of the School Children in the Kidderminster Division.

Yours obediently,

COLIN STARKIE,

Divisional Medical Officer.

Caldwall Hall, Kidderminster.

31st March, 1952.



## HEALTH EDUCATION

The Teaching and Medical Staffs are in constant co-operation over the very important subject of teaching how to live a healthy life.

This work has been helped by visits to the School Clinic of students from Shenstone Training College, who come to study the health problems dealt with by the School Medical Service.

A Health Exhibition organised by the Public Health Department, Kidderminster Borough, attracted a large number of senior school children from the surrounding areas. The keen interest shown in the films, demonstrations, and exhibition models, was evidence that at least some of the hygiene lessons would be remembered.

The School Medical Officer gave a film demonstration to the King Charles I Grammar School Parents' Association, which was attended by about 80 parents.

The Central Council of Information supplied the films:—

“ Old Wives Tales ”

“ Eyes ”

“ Modern Guide to Hygiene ”

After the films, “ teeth ” and “ feet ” were discussed.

## GENERAL CONDITION OF SCHOOL CHILDREN

The assessment of the general condition of the children in terms of the classification ‘A’ meaning “ Good,” ‘B’ meaning “ Fair ” and ‘C’ meaning “ Poor,” is very indefinite, and as such it produces results which vary between examining doctors and even with the same medical officer from time to time.

However, the figures do very clearly show that almost all the children are either “ Good ” or “ Fair,” and only 0.5% are “ Poor ” in the general classification.

Put another way, this means that of the 2,844 children inspected and classified during the year, only 15 were found to be generally “ Poor ” and requiring to have something done about it.

## CHILDREN AND YOUNG PERSONS ACT. EMPLOYMENT OF CHILDREN

13 girls were examined prior to their appearing in Pantomime.

54 children were examined prior to their employment in the delivery of newspapers.

## THE SCHOOL DENTAL SERVICE

For the whole Division during the year there were 10 sessions for inspection, 26 for treatment, and the total number of children treated was 187.

The very inadequate amount of work possible with a service almost devoid of staff, only emphasises to what dire straits a once flourishing service has fallen.

As the years go by with still no school dental service, the condition of the children's teeth is likely to deteriorate. The lessons and habits inculcated by years of the teaching of oral hygiene are surely becoming lost. A generation of children who are complete strangers to the dental surgeon is now growing up, and instead of going through life with their own natural healthy teeth, these children will be requiring artificial dentures to fill the places of the teeth which given adequate, early and regular attention, would have lasted for life.

A school dental service is preventive medicine in every sense, and surely it is better to pay well for *prevention* than to pay much more for a less satisfactory *cure*.

There are no private dental surgeons nor oral hygienists employed in the school dental service in the Division.

## HEAD LICE IN SCHOOLS

"Vermin, like the poor, are always with us," could well read "Vermin *like* the poor, and are always with them," for it is a hard core of families poor in intellect, poor in hygiene and poor financially which provides a reservoir of infestation in our schools.

In spite of the work done by the School Medical Staffs, persuading, cajoling, threatening and very often actively helping, 793 individual children were reported to be infested with head lice.

This is a disturbingly high figure when it is realised how easily, with modern insecticidal shampoos, lotions or powders, lice may be destroyed. The only reason why so many children suffer from louse infestation is that a few parents are too lazy or indifferent to keep their families free, and so although the children at school are cleared from time to time, they are re-infested from other members of their own family in their homes.

Since it is impossible to remove the indifference, ignorance, laziness or lack of intellect in these few parents, we must continue to carry out frequent head inspections, notifying to parents all cases of infestation, giving advice on vermin eradication, and, where impossible conditions exist, carrying out the disinfestation ourselves.

It must be recorded that although the total number of infestations is large, the amount of individual infestation is relatively light. It is rarely that a child is seen with a scalp covered with scabs, and numerous lice found crawling through a matted jungle of dirty hair, as we used to find not infrequently a few years ago.

If a child has a nit on a hair it is now described as being infested with head lice.

### SKIN DISEASES

Only a matter of fifteen or twenty years ago the treatment of skin diseases occupied a great deal of time. During the year 1951 there were only 236 children in the whole Division requiring treatment for skin disease. Ringworm, scabies and impetigo, once very prevalent, were found in 56 cases only.

It must be remembered however, that under careless or less hygienic conditions these few cases could be the nucleus of a widespread infestation.

### VERRUCA PEDIS

The School Nurses have continued to examine children's feet as well as their hair during the routine Hygiene Inspections, and as a result 93 cases of contagious wart were found. This is 17 less than last year, but demonstrates very clearly the necessity for taking every care not to spread this condition.

It is essential that children should not go about barefoot, should not exchange footwear (socks or shoes) with each other, and that scrupulous cleanliness must be achieved in dressing rooms and showers.

### EYES

When we remember how our eyes are in constant use (and sometimes abuse) for the whole of our waking hours, the proper care and attention to these vital organs cannot be too strongly emphasised.

All school children have their eyesight power ascertained at ages 5, 11 and 14 years.

In the Division, 502 children required some eye treatment, 333 had spectacles prescribed, and 330 obtained their spectacles during the year. Ophthalmic Clinics were held at Kidderminster, Stourport and Tenbury.

### INFECTIOUS DISEASES IN SCHOOLS

At the beginning of the year the area suffered from an extensive and sharp outbreak of influenza. This caused a great many temporary absences both of scholars and staff, but there were no serious cases reported.



## IMMUNISATION

The numbers of school children immunised for the first time or given re-inforcing doses are shown by the district in the table below:—

		Immunised for first time Age 5-14	Booster Doses
Bewdley			
Jan. — June	...	1	33
July — Dec.	...	5	43
Tenbury R.D.			
Jan. — June	...	15	8
July — Dec.	...	—	41
Stourport U.D.			
Jan. — June	...	13	45
July — Dec.	...	18	101
Kidderminster R.D.			
Jan. — June	...	11	62
July — Dec.	...	4	75
Kidderminster Borough			
Jan. — June	...	35	9
July — Dec.	...	33	300

## ANTERIOR POLIOMYELITIS

There were no cases of Anterior Poliomyelitis in the children of the Division.

## TUBERCULOSIS IN SCHOOL CHILDREN

It is known that there are 21 children of school age in the Division suffering from Tuberculosis.

Of these, 6 are cases of pulmonary tuberculosis, and 15 are non-pulmonary tuberculosis.

When all the milk consumed is heat-treated it is confidently expected that the non-pulmonary tuberculosis cases will almost cease to occur.

It is only by constant vigilance in all sections of the Health Service that early cases of pulmonary tuberculosis are discovered and the threat of further spread removed.

## EARS, NOSE AND THROAT AND CERVICAL GLANDS

We used to see very many children suffering from illness which could be classified under the above heading. The children requiring treatment for this type of illness are now relatively few in numbers.

Improved nutrition, improved hygiene and a milk supply free from Tuberculosis are factors which have greatly helped to bring this about.

## HANDICAPPED CHILDREN

The position with regard to handicapped children in the Division, is shown in the table below:—

Defect			No. of children on Handicapped Register		Position—December 1951
Educationally Sub-Normal	...	...	62	...	6 in special schools.
					28 requiring places in special schools.
					27 requiring special education in ordinary schools.
					1 at home.
Mal-adjusted	...	...	2	...	2 in special schools.
Partially Deaf	...	...	4	...	4 in special schools.
Blind	...	...	1	...	1 requiring place in special school.
Partially Sighted	...	...	1	...	1 attending special school.
Physically Handicapped	...	...	12	...	3 in special schools.
					1 attending independent school under special arrangements made by the Authority.
					3 awaiting vacancies in special schools.
					3 attending ordinary schools.
					1 not recommended for special school.
					1 being educated under special arrangements.
Epileptic	...	...	2	...	1 to continue attending ordinary school.
					1 awaiting vacancy in special school.
Delicate Children	...	...	3	...	2 to continue attending ordinary school.
					1 in special school.
Mental Defectives	...	...	10	...	3 admitted to Lea Colony.
Notified during 1951					

## OPEN AIR SCHOOL—MALVERN

In the Divisional Area 18 children were recommended for the Open-Air School on account of the following conditions:—

Debility	...	...	...	...	4
Asthma	...	...	...	...	4
Bronchitis	...	...	...	...	3
Recommended by T.B. Officer	...				7

Of these recommendations 13 children were admitted plus 8 recommended in 1950.

## PSYCHIATRIC CLINIC

The following table gives details of children attending the Kidderminster Clinic:—

Cases referred by	1 to 5 yrs.		5 to 11 yrs.		11 and over		Total
	M	F	M	F	M	F	
Probation Officer	...	...	1		1		2
General Practitioners	...	...	4		1		5
Head Teachers	...	...	1		1		2
Assistant School Medical Officers			8	4	1		13
Juvenile Court	...	...	2		2	1	5
Speech Therapist	...	...			1		1
Director of Education	...			1	1		2
Specialists	...	...	1	1	1		3
Total	...		17	6	9	1	33



## SPEECH THERAPY

The Speech Therapist (Miss J. M. Allen) has held four sessions weekly at Coventry Street Clinic.

The work for the year is summarised in the following table:—

	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Sep.	Oct.	Nov.	Dec.
No. of children attending ...	31	34	34	37	37	37	37	32	32	32	34
(1) Stammerers ...	14	14	14	16	17	17	17	16	16	15	15
(2) Speech Defects	14	17	17	18	18	18	18	15	15	16	18
(3) Voice Defects...	1	1	1	1	...	...	...	...	...	...	...
(4) Others ...	2	2	2	2	2	2	2	1	1	1	1
No. of absences ...	31	38	25	11	45	23	23	29	23	15	18
No. of children discharged ...	3	...	...	...	1	...	4	...	2	1	...
No. of children admitted ...	1	3	...	3	1	...	...	1	2	3	...
No. of children ceased attending ...	...	...	...	...	...	...	...	2	...	...	...
No. of parents interviewed ...	4	6	1	6	1	2	...	...	3	1	...
No. of home visits ...	...	...	1	6	...	1	3	7	...	1	...
No. of school visits...	...	...	1	...	1	...	2	...	1	5	2
Total No. of treatments ...	52	77	65	80	98	116	86	63	85	86	42
No. of whole day sessions ...	6	8	6	6	9	9	7	8	9	8	5

## ROTARY BOYS HOME, WESTON-SUPER-MARE

The generosity of the Kidderminster Rotary Club was extended to 22 boys during the year when they were given a fortnight's holiday at the Rotary Boys' Home, Weston-super-Mare.

These boys are from families which could not give them a holiday, and in some instances they have never seen the sea before this visit to Weston.

IMPROVEMENTS IN SCHOOL BUILDINGS

During the year, work on school buildings and grounds has been carried out as follows:—

School	Nature of Improvement
Kidderminster High ... ..	Extensive improvement to lighting.
Harry Cheshire Boys ... ..	New playing field laid.
Lea Street Infants and Mixed	New lavatories and wash basins.
	Playground re-asphalted.
Bennett Street ... ..	Lavatories modernised.
Foley Park ... ..	Playground hard surfaced.
	Playing field fenced and ground prepared and laid out.
St. Georges Junior Mixed ...	Playground resurfaced.
	Building redecorated and rewired.
St. John's Jnr. Boys ... ..	Lighting improved, re-floored.
St. John's Jnr. Girls ... ..	" " "
St. John's Infants ... ..	" " "
Bewdley C.E. ... ..	Old Grammar School adapted for use as classroom.
Far Forest ... ..	Extensive repairs and redecorations.
	Improved lighting.
Pensax ... ..	Extensive redecorations.
	Sanitary accommodation modernised.
Stourport Infants ... ..	Extensions proceeding.
Wilden ... ..	Extensive repairs and redecorations.
	Refloored.
	Erection of kitchen proceeding.

STOURPORT SCHOOL CLINIC

Dr. Markham commenced a regular session of consultations at the Stourport School Clinic twice per month from April of this year.

The Central Clinic in Kidderminster is used weekly as follows:—

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.					
School Clinic 9—10	School Clinic 9—10	School Clinic 9—10	School Clinic 9—12	School Clinic 9—10	School Clinic
Occasional Dental Clinics	Special Consultations	Speech Therapy	Occasional Ophthalmic Clinic	Psychiatric Clinic Speech Therapy	Special Consultations
P.M.					
Ante-Natal Clinic	Special Consultations	Speech Therapy	Infant Welfare Clinic	Ophthalmic Clinic	
		Sewing Class		Psychiatric Clinic	
		Family Planning Association Clinic		Speech Therapy	

The Clinic is also used occasionally by the Blood Transfusion Unit.

SCHOOLS IN THE KIDDERMINSTER DIVISIONAL AREA  
Number on Books for the Quarter—December, 1951.

*Borough*

<i>Grammar Schools</i>				Number on Books
Kidderminster High	...	...	...	438
King Charles	...	...	...	344
Total				<hr/> 782 <hr/>

*County Modern Schools*

Harry Cheshire Boys'	...	...	...	617
Harry Cheshire Girls'	...	...	...	493
Sladen Secondary	...	...	...	471
Total				<hr/> 1,581 <hr/>

*Primary Schools*

Lea Street Mixed	...	...	...	236
Lea Street Infants'	...	...	...	137
Bennett Street Junior	...	...	...	278
Bennett Street Infants'	...	...	...	145
Foley Park	...	...	...	409
St. Mary's Junior	...	...	...	269
St. Mary's Infants'	...	...	...	150
St. George's Mixed	...	...	...	244
St. George's Infants'	...	...	...	130
Hoobrook	...	...	...	10
St. John's Boys'	...	...	...	177
St. John's Girls'	...	...	...	182
St. John's Infants'	...	...	...	111
Broadwaters	...	...	...	43
New Meeting	...	...	...	211
Birchen Coppice	...	...	...	270
Franche	...	...	...	108
St. Ambrose's Mixed	...	...	...	321
St. Ambrose's Infants'	...	...	...	96
Total				<hr/> 3,527 <hr/>



*Rural**Primary Schools*

## Number on Books

Chaddesley Corbett Mixed ...	...	...	34
Chaddesley Corbett Infants'	...	...	23
Trimpley ...	...	...	22
Stone ...	...	...	77
Churchill ...	...	...	27
Upper Arley ...	...	...	74
Wolverley ...	...	...	200
Cookley ...	...	...	157
Blakedown ...	...	...	66
Far Forest ...	...	...	109
Heightington ...	...	...	25
Rock ...	...	...	17
Areley Kings ...	...	...	196
Bayton ...	...	...	48
Bewdley C.E. ...	...	...	296
Bockleton ...	...	...	33
Eastham and Hanley ...	...	...	47
Knighton-on-Teme ...	...	...	34
Lindridge ...	...	...	48
Pensax ...	...	...	56
Stoke Bliss and Kyre ...	...	...	39
Stourport County Modern ...	...	...	517
Stourport Junior Boys' ...	...	...	281
Stourport Junior Girls' ...	...	...	259
Stourport Infants' ...	...	...	174
Tenbury Infants' ...	...	...	74
Tenbury Junior ...	...	...	181
Tenbury Secondary ...	...	...	119
Upper Mitton ...	...	...	65
Wilden All Saints' ...	...	...	117
Wribbenhall C.P. ...	...	...	161
Wribbenhall C.E. ...	...	...	211
Total			2,956

## SUMMARY

Kidderminster Borough ...	5,890
Kidderminster Rural ...	831
Other Districts ...	2,956
Hartlebury Grammar ...	143
Total	9,820

APPENDIX TO REPORT OF SCHOOL MEDICAL OFFICER  
FOR YEAR ENDED 31ST DECEMBER, 1951.

STATISTICAL TABLES

Table I.

*Medical Inspection of pupils attending maintained Primary and Secondary Schools*

A.—PERIODIC MEDICAL INSPECTIONS

Number of inspections in the prescribed Groups—

Entrants	...	...	...	...	...	1,013
Second Age Group	...	...	...	...	...	819
Third Age Group	...	...	...	...	...	718

Total	...	...	2,550
-------	-----	-----	-------

Number of other Periodic Inspections	...	...	294
--------------------------------------	-----	-----	-----

Grand Total	...	2,844
-------------	-----	-------

B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	642
Number of Re-Inspections	...	...	...	...	674

Total	...	...	1,316
-------	-----	-----	-------

C.—PUPILS FOUND TO REQUIRE TREATMENT

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	17	88	104
Second Age Group	57	67	121
Third Age Group	51	80	120
Total (prescribed groups)	125	235	345
Other Periodic Inspections	16	21	34
Grand Total	141	256	379

Table II.

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS  
IN THE YEAR ENDED 31st DECEMBER, 1951

Defects or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	No of defects		No, of defects	
	Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Skin ....	51	7	126	2
Eyes— <i>a.</i> Vision ....	141	33	40	2
<i>b.</i> Squint ....	19	9	....	....
<i>c.</i> Other ....	8	3	9	....
Ears— <i>a.</i> Hearing ....	2	8	6	....
<i>b.</i> Otitis Media....	2	3	3	....
<i>c.</i> Other ....	7	5	5	1
Nose and Throat ..	49	124	33	11
Speech ....	14	7	5	....
Cervical Glands ....	4	69	5	2
Heart and Circulation ....	4	15	1	....
Lungs ....	20	47	17	2
Developmental—				
<i>a.</i> Hernia ....	....	1	1	....
<i>b.</i> Other ....	2	2	2	1
Orthopædic—				
<i>a.</i> Posture ....	13	9	3	....
<i>b.</i> Flat Foot ....	12	10	4	....
<i>c.</i> Other ....	71	47	21	7
Nervous system—				
<i>a.</i> Epilepsy ....	....	....	1	....
<i>b.</i> Other ....	19	10	12	4
Psychological—				
<i>a.</i> Development....	1	20	5	2
<i>b.</i> Stability ....	....	1	2	1
Other ....	38	32	38	9



B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS  
INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups	Number of Pupils Inspected	A—(Good)		B—(Fair)		C—(Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
Entrants ...	1013	568	56.1	436	43.0	9	.9
Second Age Group	819	473	57.7	343	41.9	3	.4
Third Age Group	718	461	64.2	255	35.5	2	.3
Other Periodic Inspections ...	294	170	57.8	123	41.8	1	.4
Total ...	2844	1672	58.8	1157	40.7	15	.5

Table III.

## INFESTATION WITH VERMIN

(i) Total number of examinations in the Schools by the School Nurses or other authorised persons ...	...	...	34,013
(ii) Total number of individual pupils examined	...	...	9,289
(iii) Total number of individual pupils found to be infested	...	...	793
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	Nil
(v) Number of individual pupils in respect of whom cleansing orders were issued, (Section 54(3), Education Act, 1944)	...	...	Nil
		By the Authority	Otherwise
Miscellaneous minor ailments treated ...	...	484	2

Table IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY  
AND SECONDARY SCHOOLS

DISEASES OF THE SKIN. (Excluding uncleanliness for, which see  
Table III).

				Number of cases treated or under treatment during the year	
				By the Authority	Otherwise
Ringworm— (i) Scalp	...	...	...	—	—
	(ii) Body	...	...	2	1
Scabies	...	...	...	12	2
Impetigo	...	...	...	38	1
Other skin diseases	...	...	...	116	64
				—	—
Total			...	168	68
				—	—

EYE DISEASES, DEFECTIVE VISION AND SQUINT

External and other, excluding errors of refraction and squint	...	...	16	15
Errors of Refraction (including squint)	...	...	451	20
			—	—
Total			467	35
			—	—

Number of pupils for whom spectacles were

(a) Prescribed	...	...	313	20
(b) Obtained	...	...	310	20







BOROUGH OF OLDBURY

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# ANNUAL REPORT

OF THE

Borough School Medical Officer

TO THE

Oldbury Committee for Education

FOR THE YEAR 1951.

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**Borough School Medical Officer:**

EUGENE V. CONNOLLY, M.B., B.Ch., B.A.O., D.P.H., L.M.,  
D.C.H.

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Midland Printing Co., Simpson Street, Oldbury.

# BOROUGH OF OLDBURY

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**STAFF:****School Medical Officer:**EUGENE V. CONNOLLY, M.B., B.Ch., B.A.O., D.P.H., L.M.,  
D.C.H.**Deputy School Medical Officer:**MARGARET O. WILL, M.B., Ch.B., M.M.S.A., D.P.H.,  
D.Obst.R.C.O.G. (Commenced 1-2-51.)**Assistant School Medical Officer:**PEARL E. FREEMAN, M.B., Ch.B.  
(Resigned 12-1-51)**Ophthalmic Surgeon:**

GUY F. G. SIGGINS, M.R.C.S., L.R.C.P., D.O.M.S.

**Dental Surgeon:**HAROLD NORDAN, L.D.S., R.C.S. (Eng.), L.D.S. (U.Leeds).  
(Part-time)

ALMA M. FACER, L.D.S. (Part-time).

**Senior School Nurse:**

MISS D. H. EDWARDS.

**School Nurses:**

MISS H. STANSFIELD.

MISS G. N. DAWSON.

MISS E. M. L. FREESTONE.

MISS H. L. GAUNT.

MISS B. LAMB.

(Resigned 11-2-51)

**Chief Clerk:**

S. ASTLEY.

**Senior Clerk:**

T. K. BOSTON.

**Clerks:**

MISS A. E. SMITH.

MISS J. SMALLWOOD.

MRS. S. M. WESTWOOD

(Resigned 28-2-51)

(Part-time)

MISS O. COX.

MISS E. A. MORGAN.

(Resigned 28-2-51)

(Resigned 28-2-51)

MISS J. F. FIDOE

MISS D. M. PLEAVIN.

(Commenced 18.6.51)

(Commenced 1-3-51)



## BOROUGH OF OLDBURY

### To the Chairman and Members of the Oldbury Committee for Education.

Mr. Chairman, Ladies and Gentlemen,

I have much pleasure in presenting my fourth report on the work of the School Medical Service for the year 1951.

Despite the handicap of shortage of staff, the work has been well maintained, is well up to date and shows a substantial increase in the number of pre-school children examined, which is gratifying. Though the clinical assessment of nutrition is a purely individual one, the standard observed in the borough was very satisfactory, and judging by figures, the best ever attained.

Owing to the enthusiasm of many parents for the removal of their children's tonsils, the number of cases referred to the clinics for treatment shows no sign of decreasing and the waiting list continues to grow. The position has not been improved by the Hospitals concerned who for various reasons have had to cut down on the number of operations performed. In order to sift out the really urgent cases, several pre-tonsillectomy clinics were held during the year and only about 25% of the children referred were found to really need treatment. Tonsillectomy is rarely an urgent operation and many factors have to be taken into consideration before a child is subjected to it. It is no panacea for frequent colds, catarrh, asthma and other ailments and is rarely indicated in these conditions.

It is gratifying to record an improvement in the attendances at the speech clinic, as there are many cases of this defect in the borough. It is surprising how apathetic parents are in this respect and one often hears the remark "he will grow out of it." These defects are very distressing to a child and have a harmful effect from an educational and psychological aspect and may affect his future employment and happiness. Practically every child referred to the clinic can be helped, some quite easily by appropriate dental treatment as dental appliances and manipulations may be indicated. The younger the child and the earlier the ascertainment, the better is the chance of cure.

No provision locally has yet been made by the Regional Hospital Board for children requiring fusion training and parents do not always find it very convenient to attend hospital clinics for such long periods, as treatment is a lengthy procedure. Premises have been made available and the equipment ordered as far as we know and one is disappointed at the delay in starting the clinic, as three years have now elapsed since the scheme was first mooted.

Through the generosity of the Rotary Club, an additional sunray lamp was presented to the Education Committee for the use of children in the Oldbury area and we are now in the happy

position of being able to provide adequate treatment for all children recommended.

Further provision for Educationally Sub-normal children was made during the year, and the opening of an occupation centre near the borough boundary was welcomed. The number of children referred for mental assessment continues to grow and a record number was examined in 1951. The need for a Special School is still great as many of these children who are unable to make normal progress academically, achieve standards of a high order in practical work. Such facilities can only be made available in special schools where a break is made from the traditional academic approach.

Routine cleanliness inspections at schools, accompanied by the following-up of families and contacts as far as is possible, now appears to be paying dividends and the marked reduction in the number of cleansing orders issued during the year is pleasing to record. Emphasis has been laid on the parents' responsibility for the child's condition and for his cleansing. Only when infestation is still found to be present, are the children treated by the School Health Service and then as far as is possible demonstrations are given by the school nurses to the mother or guardian.

Many additional children received dental treatment, and with the employment of two part-time dentists carrying out seven sessions per week, the service has approached normality for the first time since 1949 when our remaining dentist resigned. We are favourably situated in Oldbury as compared with other authorities, nevertheless, there is a large amount of work still to be done and one looks forward to the day when we will again be fully staffed. Present indications suggest that this may not be too far ahead.

In connection with Infectious Diseases, the only notable increase was in connection with Measles where 270 additional cases were recorded. It is gratifying to report that no case of Diphtheria and only one case of Poliomyelitis occurred.

It is with some regret that I have to record this as my last report to the Education Committee and I would like to express my very sincere thanks to the Chairman and members for their assistance and support at all times, to the Education Officer, Teachers and colleagues for their co-operation and to my Medical and Clerical staff, particularly my Chief Clerk, Mr. S. Astley, who have given me such excellent and very loyal co-operation at all times.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

EUGENE V. CONNOLLY,

School Medical Officer.

Greenwood Avenue, Langley,  
Oldbury.

March, 1952.



## SCHOOLS IN OLDBURY.

SCHOOL	Average No. on Roll 1951	No. on Roll at 31-12-51	Accom- modation in each Dept.
Oldbury Grammar ... ..	558	556	530
Oldbury Technical ... ..	137	141	120
Albright Secondary Modern Boys' ...	426	460	480
Albright Secondary Modern Girls' ...	415	437	480
Bristnall Hall Secondary Modern Boys'	463	489	520
Bristnall Hall Secondary Modern Girls'	472	484	480
St. Michael's C. of E. Secondary Modern ... ..	298	315	320
Bleakhouse Primary Junior Mixed ...	293	334	320
Brandhall Primary Infant and Junior	378	359	350
Castle Road Primary Infant & Junior	380	371	390
Church of England Primary Infants'	113	113	120
Good Shepherd C. of E. Primary Junior Mixed ... ..	225	225	240
Moat Farm Primary Boys' ... ..	316	306	320
Moat Farm Primary Girls' ... ..	321	322	320
Moat Farm Primary Infants' ... ..	329	291	320
Rood End Primary Junior Mixed ...	444	456	385
Rood End Primary Infants' ... ..	276	261	280
Rounds Green Primary Junior Mixed	468	487	480
Rounds Green Primary Infants' ...	250	235	270
St. Francis Xavier's R.C. Infant, Junior and Senior ... ..	208	232	200
St. Hubert's R.C. Infant and Junior...	182	171	160
Titford Road Primary Boys' ... ..	296	289	280
Titford Road Primary Girls' ... ..	306	315	280
Titford Road Primary Infants' ... ..	314	299	320
Warley Primary Infants' ... ..	248	241	270
Totals ...	8,116	8,189	8,235



## PERIODIC MEDICAL INSPECTION.

The number of children examined was as follows:—

	1947	1948	1949	1950	1951
Entrants (5 years) ...	661	858	888	784	680
2nd Age Group (9 years)	797	731	726	674	707
3rd Age Group (13 years)	640	610	683	698	676
Other Periodic (11 years, 15 years)	662	644	844	822	791
Specials ...	38	173	145	217	396
Nursery Classes ...	141	130	94	72	—
Pre-School ...	664	551	617	486	631
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Totals	3,603	3,697	3,997	3,753	3,881
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Of the 631 Pre-School children examined the following defects were referred for treatment:—

Skin defects ...	...	...	4
Eye defects ...	...	...	15
Ear defects ...	...	...	2
Nose and Throat ...	...	...	17
Speech ...	...	...	2
Cervical glands ...	...	...	4
Heart and circulation ...	...	...	1
Lungs ...	...	...	4
Developmental ...	...	...	3
Orthopædic ...	...	...	61
Nervous system ...	...	...	—
Psychological ...	...	...	1
Other defects ...	...	...	—
			<hr/>
	Total	...	114
			<hr/>

In addition 1,623 defects from previous inspections were re-examined and 172 were referred for treatment.

3,198 re-inspections were carried out as follows:—

	No. of Children Re-Inspected
Re-inspection of Defects ... ..	1,623
Attendances at Ear, Nose and Throat Clinics ...	79
Attendances at Investigation Clinics ... ..	98
Edmond Hall Camp School (F.F.I. examinations)	726
Malvern Open-Air School ... ..	42
Weston-super-Mare Rotary Boys' Home ...	48
Employment of Children ... ..	81
Mental Tests and Examinations ... ..	56
Re-inspections at Ophthalmic Clinics ... ..	340
Re-inspections at Minor Ailment Clinics ...	105
Total ...	3,198

### Nutrition.

Table II at the end of this report gives a classification of the nutritional state of children inspected at Periodic Medical Inspections during the year.

Through the courtesy of the Education Officer I am informed that a total of 609,818 meals were served in school during the year and of this number 39,249 meals were served free of charge. Almost one-half of all children attending the schools in the Borough take their mid-day meal in school.

Similarly I understand 1,293,694 bottles of milk were supplied. All children now receive their school milk free of charge and this milk adds an additional 14% approximately, of first-class protein to the child's diet.

### MINOR AILMENTS AND DISEASES OF THE SKIN.

The total number of children examined at the Minor Ailment Clinics by the doctor during the year was 671.

The numbers of children treated for minor ailments at the three clinics are as follows:—

Clinic	No. of Children	No. of Attendances for treatment
Warley ... ..	688	1,552
Langley ... ..	236	570
Oldbury ... ..	175	731
	1,099	2,853

Defects Treated			Oldbury	Langley	Warley	Total
Ringworm	...	...	2	6	2	10
Impetigo	...	...	4	1	3	8
Scabies	...	...	—	4	—	4
Other Skin Diseases	...	...	55	29	145	229
Blepharitis	...	...	5	1	2	8
Conjunctivitis	...	...	10	5	15	30
Other Eye Conditions	...	...	10	21	43	74
Otorrhœa	...	...	7	5	14	26
Other Ear Defects	...	...	10	10	31	51
Minor Injuries, Sores, etc.	...	...	43	63	197	303
Miscellaneous	...	...	29	91	236	356
Totals			175	236	688	1,099

### Scabies.

It is pleasing to record the marked reduction in the number of cases of Scabies. This condition which, during the war and immediately after, was a major problem, is decreasing rapidly.

## TREATMENT OF DEFECTIVE VISION AND SQUINT.

During the year 510 attendances were made at the Clinic for examination by the Ophthalmic Consultant. A summary of the findings will be found on page 14.

8 cases were referred to the Birmingham Eye Hospital and West Bromwich and District General Hospital.

## EAR, NOSE AND THROAT DEFECTS.

111 children attended at the Hallam Hospital, West Bromwich, for the removal of Tonsils and Adenoids under the Committee's scheme. 17 children were referred to hospital for other forms of treatment.



## ORTHOPÆDIC AND POSTURAL DEFECTS.

10 cases received in-patient treatment at Hospitals during the year.

These figures do not include cases of bone Tuberculosis which are cared for under the County Council's Tuberculosis scheme.

3 crippled boys have been in whole-time attendance at the Heritage Craft School, Chailey, Sussex.

## INVESTIGATION CLINIC.

This Clinic is held on Saturday mornings. Arrangements are made for special cases to attend by appointment at the Clinic, so that the Medical Officer shall have a better opportunity of investigating the case than he has at any other session during the week.

During the year 24 sessions were held. 58 children attended on 98 occasions.

## SUN-RAY CLINIC.

Sun-Ray lamps are installed at each of the three Clinics, and 246 children made 4,941 attendances at 154 sessions.

## UNCLEANLINESS.

On an average three visits were made to each school during the year.

The total number of children examined was 23,897, of whom 994 were found to have nits in the hair and 55 were found to have numerous nits or vermin.

It was not necessary to take proceedings against any family.

## HOME VISITING BY SCHOOL NURSES.

The School Nurses paid 199 visits to children's homes during the year. These visits were for the purpose of following up defects found at medical inspections, uncleanliness and infectious disease.

## JUVENILE OFFENDERS.

It was reported to the appropriate Sub-Committee during the year that 57 children attending Oldbury Schools had to appear before the Courts as Juvenile Offenders, on 64 occasions.

## INFECTIOUS DISEASES.

Notifications of Infectious Disease received during the year for children between the age of 5 and 15 years, together with the Comparison Figures for last year are given below:—

				Cases		Hospital	
				1951	1950	1951	1950
Whooping Cough	...	...	...	94	51	—	—
Measles	...	...	...	374	106	2	—
Diphtheria	...	...	...	—	—	—	—
Scarlet Fever	...	...	...	56	91	2	10
Food Poisoning	...	...	...	2	—	—	—
Para-Typhoid	...	...	...	1	1	—	1
Erysipelas	...	...	...	—	1	—	1
Dysentery	...	...	...	6	—	1	—
Pneumonia	...	...	...	5	—	1	—
Acute Poliomyelitis—Paralytic	...	...	...	1	8	—	7
„ „ Non-Paralytic	...	...	...	—	3	—	3
Pulmonary Tuberculosis	...	...	...	10	3	—	—
Non-Pulmonary Tuberculosis	...	...	...	—	4	—	—
Acute Encephalitis	...	...	...	1	—	1	—

### WHOOPING COUGH.

94 cases were notified during the year. The prevention or modification of the disease is now practicable and the simultaneous immunisation against whooping cough and diphtheria can be performed, though the results are not quite as certain as those in connection with diphtheria immunisation.

### MEASLES.

The number of cases notified shows an increase of 268 on the previous year. The only certain way of avoiding infection is to avoid exposure to infection and that for the urban child is practically an impossibility.

### DIPHTHERIA.

The number of school-children immunised during the year was 74 and 527 children received re-inforcing injections. Of the estimated school population in Oldbury 91.23% had been immunised at the 31st December, 1951. The value of immunisation is beyond doubt and it is to parents that we appeal for an even greater improvement in our immunisation figures.

### EXCLUSION OF CHILDREN.

The total number of exclusions issued by the School Medical Department was 201.

57 children were excluded as a result of having infectious disease, 131 for verminous heads and 13 for minor ailments.

### **CAMP SCHOOL.**

Full use continues to be made of the arrangements for senior children to attend for fortnightly periods at Edgmond Hall Camp School. The total number of children examined for admission to the school during the year was 726.

### **OPEN-AIR SCHOOL.**

In 1951 the County Education Committee was able to place at the disposal of Oldbury school-children 42 places at the Open-Air School, Malvern. A total of 42 children were sent, 14 were girls and 28 boys. The waiting list for places in the Open-Air School justifies additional accommodation being made available.

### **ROTARY BOYS' HOME, WESTON-SUPER-MARE.**

By courtesy of the Rotary Club of Oldbury it has been possible to obtain accommodation in the Rotary Boys' Home at Weston-super-Mare for selected candidates to spend two weeks each by the seaside. In collaboration with the Heads of the Boys' Schools, 48 pupils went to the Home during the year.

### **EDUCATIONALLY SUB-NORMAL CHILDREN.**

56 Intelligence Tests were carried out during the year; 5 cases were notified to the Mental Deficiency Act Committee, 14 recommended for a Special School, 20 recommended for accommodation in special classes in an ordinary school and 17 recommended for education in an ordinary school.



## REPORT OF THE SCHOOL DENTAL SURGEON FOR 1951.

In the past year a Dental Service has been operating at Bleak-house Clinic, Warley, on a varying number of sessions per week—this has now been established at seven sessions, three of these are being done by Mrs. A. Facer, and the remaining four by myself.

The task we have in hand is somewhat difficult in view of the fact that very few children have received regular dental treatment since Mrs. Bond left. As a result a high percentage of children inspected have required dental treatment, which has made our progress slow in the few schools we have inspected. Preventive dentistry and orthodontics are at the moment out of the question as patients for emergency treatment take up a lot of our time, but thanks to the co-operation of general practitioners in this area, these are becoming less numerous at the Clinic, thus enabling us to apply ourselves to more routine work. I might add that it is now possible for a child suffering from severe toothache to receive emergency treatment almost immediately.

In the examinations undertaken to date, it is of note that structure of teeth and supporting tissues are on the whole good, and it is only in rare cases that rampant caries or paradontal conditions are seen. I feel sure this, to a large extent, is due to: (a) correct ante and post-natal care; (b) the use of a more balanced if austere diet; (c) the improvement of oral hygiene. Incidence of dental caries and allied conditions would still further be reduced if the above points were noted by a larger number of parents. I regret that it is necessary for me to comment on the apathetic approach to dental fitness by some parents, as from personal observation the number who refuse treatment for their children is proportionately rather high.

My thanks are due to Mrs. Facer for her co-operation, and I feel sure she will join me in thanking Dr. E. Connolly, School Medical Officer, and Mr. B. D. Britten, Chief Dental Officer for Worcestershire, for their advice and assistance—particularly with general anæsthetic cases, also Head Teachers and staffs at the schools we have visited.

In conclusion, sincere thanks to Miss Smith, our Dental Attendant—at all times an able and ever-willing assistant.

H. NORDAN.

# SUMMARY OF THE FINDINGS OF THE OPHTHALMIC SURGEON FOR THE YEAR ENDED 31st DEC., 1951

## Defects found in new cases:—

### Errors of Refraction—

Simple Hypermetropia	...	...	...	22
Hypermetropic Astigmatism—				
Simple	...	...	...	13
Compound	...	...	...	33
Simple Myopia	...	...	...	17
Myopic Astigmatism—				
Simple	...	...	...	4
Compound	...	...	...	9
Mixed Astigmatism	...	...	...	2
Amblyopia	...	...	...	1
Anisometropia	...	...	...	2

### Squint—

Convergent	...	...	...	14
Divergent	...	...	...	1

### Inflammatory conditions, etc.—

Dislocation of Lens	...	...	...	2
Corneal Nebula	...	...	...	2

Nothing abnormal discovered	...	...	...	48
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Total cases	...	170
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## REPORT ON SPEECH THERAPY CLINIC AT OLDBURY

DECEMBER 1950 — DECEMBER 1951

Cases attending at 31.12.51 ... ..	23
Discharged after satisfactory progress...	9
Left school or district ... ..	2
Ceased attending ... ..	4
Waiting list ... ..	99
<hr/>	
Total ... ..	137
<hr/>	
Total number of treatments given	616
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**Types of Speech Defects dealt with:—**

Articulation, e.g. Lisp ... ..	16
Communication, e.g. Stammering ...	20
Multiple, e.g. Cleft Palate ... ..	2
<hr/>	
Total ... ..	38
<hr/>	

During the past year the waiting list of speech defective children has increased again and the rate of reference far exceeds the rate at which children can be discharged from the clinic. This is explained by the length of treatment — which usually lasts about two years. Where co-operation at home is good, the task of teaching the child to incorporate new sounds learnt into normal conversation is made very much easier for the Speech Therapist.

The number of children receiving treatment has increased since the appointment of Miss Allen, the second speech therapist, and during the past year the equivalent of four 3-hour sessions has been spent in Oldbury each week.

Unfortunately, however, Miss Allen is leaving the county in February to take up similar work in Canada. This means that some treatment will lapse as up to date it has been quite impossible to appoint another speech therapist. There is a great shortage of fully trained speech therapists.

Some children will continue to receive treatment once a week though this period is not really sufficient in the majority of cases.

I would like to express my thanks to the teachers in the Oldbury schools who have, without exception, shown every possible co-operation during the past year.

MARGARET EDWARDS, L.C.S.T.,

County Speech Therapist,



**TABLE I.**

Medical Inspection of Pupils attending maintained  
Primary and Secondary Schools.

**A. PERIODIC MEDICAL INSPECTIONS.**

Number of Inspections in the prescribed groups:—

Entrants	...	...	...	...	680
Second Age Group	...	...	...	...	707
Third Age Group	...	...	...	...	676
					—
Total				...	2,063
					—
Number of other periodic inspections				...	791
					—
Grand Total				...	2,854
					—

**B. OTHER INSPECTIONS.**

Number of special inspections	...	...	...	1,032
Number of re-inspections	...	...	...	3,198
				<hr/>
		Total	...	4,230

**C. PUPILS FOUND TO REQUIRE TREATMENT.**

GROUP	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants ...	1	140	141
2nd Age Group	34	95	122
3rd Age Group	44	83	125
Total ...	79	318	388
Other periodic Inspections ...	55	98	144
Grand Total ...	134	416	532

TABLE II.

## A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin .. ..	17	10	4	2
5	Eyes—a. Vision ..	134	56	17	12
	b. Squint ..	30	13	7	—
	c. Other ..	14	6	3	2
6	Ears—a. Hearing ..	1	11	1	1
	b. Otitis Media	4	2	2	3
	c. Other ..	4	—	—	2
7	Nose or Throat ..	60	69	10	13
8	Speech .. ..	8	3	3	1
9	Cervical Glands ..	1	32	—	4
10	Heart and Circulation	1	31	—	7
11	Lungs .. ..	7	26	—	3
12	Developmental—				
	a. Hernia ..	3	—	1	—
	b. Other ..	7	13	1	2
13	Orthopaedic—				
	a. Posture ..	38	12	8	—
	b. Flat foot	92	10	9	1
	c. Other ..	137	44	14	4
14	Nervous System—				
	a. Epilepsy ..	—	1	—	—
	b. Other ..	2	2	1	2
15	Psychological— ..				
	a. Development	2	10	1	1
	b. Stability ..	—	7	—	1
16	Other .. ..	11	11	—	2

## B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED.

Age Groups	No. of Pupils inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ..	680	537	78.970	141	20.735	2	0.295
2nd Age Group	707	403	57.001	291	41.159	13	1.838
3rd Age Group	676	378	55.917	279	41.272	19	2.810
Other periodic inspections	791	469	59.292	312	39.443	10	1.264
TOTAL ..	2,854	1,787	62.614	1,023	35.844	44	1.542

**TABLE III.**  
**INFESTATION WITH VERMIN.**

1.	Total number of examinations in the schools by the School Nurses or other authorised persons	...	23,897
2.	Number of individual pupils examined	...	9,193
3.	Number of individual pupils found infested	...	349
4.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	... ..	123
5.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	... ..	14

**TABLE IV.**  
**TREATMENT OF PUPILS ATTENDING MAINTAINED**  
**PRIMARY AND SECONDARY SCHOOLS**  
**(including Special Schools)**

				Number of cases treated, under treatment or dealt with during the year	
				By the Authority	Otherwise
<b>Group 1—Diseases of the Skin</b>					
Ringworm—	(i) Scalp	...	...	—	—
	(ii) Body	...	...	10	—
Scabies	...	...	...	4	—
Impetigo	...	...	...	8	—
Other skin diseases	...	...	...	229	4
Total				251	4
<b>Group 2—Eye Diseases, Defective Vision and Squint</b>					
External and other, excluding errors of refraction and squint				116	2
Errors of Refraction (including squint)				118	24
Total				234	26
No. of pupils for whom spectacles were					
(a) Prescribed				251	—
(b) Obtained				181	—
<b>Group 3—Diseases and Defects of Ear, Nose and Throat</b>					
Received operative treatment					
(a) for diseases of the ear				—	3
(b) for adenoids and chronic tonsillitis				—	111
(c) for other nose and throat conditions				—	—
Received other forms of treatment...				77	14
Total				77	128



**Group 4—Orthopædic & Postural Defects**

(a)	No. treated as in-patients in hospitals	...	...	10	
				By the Authority	Otherwise
(b)	No. treated otherwise, e.g., in clinics or out-patient depts.	—			26

Number of cases treated  
By the Authority      Otherwise

**Group 5—Child Guidance Treatment**

Number of pupils treated at Child Guidance Clinics	...	...	20	Nil
--	-----	-----	----	-----

**Group 6—Speech Therapy**

Number of pupils treated by Speech Therapists	...	...	23	Nil
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**Group 7—Other Treatment given**

(a)	Miscellaneous minor ailments	...	356	Nil
(b)	Minor injuries	...	303	Nil
	Total	...	659	Nil

TABLE V.

**DENTAL INSPECTION AND TREATMENT.**

(1)	Number of children inspected by the Dentist—				
(a)	Periodic age-groups—	...	...	...	846
(b)	Specials	...	...	...	758
(c)	Total (Routine and Specials)	...	...	...	1,604
(2)	Number found to require treatment	...	...	...	1,371
(3)	Number referred for treatment	...	...	...	1,371
(4)	Number actually treated	...	...	...	1,479
(5)	Attendances made by children for treatment	...	...	...	2,293
(6)	Half-days devoted to—				
	Inspection	...	...	...	5
	Treatment	...	...	...	264
					—
			Total	...	269
					—

## (7) Fillings—

Permanent Teeth ...	...	...	...	1,883
Temporary Teeth ...	...	...	...	—
Total				<u>1,883</u>

## (8) Number of Teeth Filled—

Permanent Teeth ...	...	...	...	1,408
Temporary Teeth ...	...	...	...	—
Total				<u>1,408</u>

## (9) Extractions—

Permanent Teeth ...	...	...	...	472
Temporary Teeth ...	...	...	...	1,153
Total				<u>1,625</u>

(10) Administration of general anæsthetics for extractions 126

## (11) Other operations—

Permanent Teeth ...	...	...	...	201
Temporary Teeth ...	...	...	...	—
Total				<u>201</u>